

5/27/2021

Division of Corporations

A02000000579

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000212693 3)))

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DENTONS, COHEN, GRIGSBY, P.C.
Account Number : I20030000042
Phone : (239)390-1912
Fax Number : (239)390-1901

**DISS/TERM/CANCEL/REV OF LP/LLP
SUMMA ASSOCIATES, LP**

Certificate of Status	0
Certified Copy	0
Page Count	20
Estimated Charge	\$52.50

2 pgs only

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**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Summa Associates, LP

Description of information that must be included in a claim:

Claimant name, amount of claim and contact information.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)


Christopher Burns, 210 Thorn Hill Road, Warrendale, PA 15086

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Christopher Burns

Printed Name


Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION
FOR**Summa Associates, LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 04/16/2002, assigned Florida document number A02000000579, hereby submits this Certificate of Dissolution.

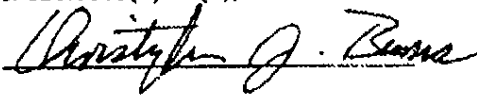
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)Written agreement of all of the partners of the limited partnership.

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: May 31, 2021

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA

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