## 40313B

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	Idress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT WAIT	MAIL	
(Ви	ısiness Entity Nan	ne)	
(Document Number)			
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## COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Corporations					
Warren, Ltd.					
(Name of F	Torida Limited Par	nnership or Limited	Liability Limi	ted Partnership)	
The enclosed Certificate of I Please return all corresponde Dale Warren	Dissolution a ence concern	and fee(s) are ing this matt	submitted er to:	for filing.	
	(Contac	ct Person)	<u> </u>	<u>=</u>	<del></del>
Warren, Ltd.					
	(Firm/C	Company)			<del></del>
806 Pierce St.					2019 £
	(Add	ress)			
Clearwater, FL 33756					All Assect Lead
	(City, State a	nd Zip Code)		<del></del>	<del></del>
For further information conc	erning this n	natter, please	call:		Chilly
Dale Warren		727 at (	461	-5014	
(Name of Contact Per	rson)		(Da	ytime Telephone	Number)
Enclosed is a check for the fo	ollowing amo	ount:			
	Filing Fee ertificate of	S105.00 I and Certi	Filing Fee fied Copy	Certifie	Filing Fee, d Copy. and ate of Status
STREET ADDRESS:		N	IAILING	ADDRESS	<b>)</b> :
Registration Section		Registration Section			
Division of Corporations Clifton Building		Division of Corporations			
2661 Executive Center Circle	<b>.</b>	P. O. Box 6327 Tallahassee, FL 32314			

## CERTIFICATE OF DISSOLUTION FOR

Warren, Ltd.		
(Name of Florida Limited Partnership	or Limited Liability Limited Partne	ership)
Pursuant to the provisions of secti partnership or limited liability lim Florida Department of State on 9 document number A03138 Dissolution.	ited partnership, whose certifi	icate was filed with the, assigned Florida
FIRST: Reason for dissolution:	(State why partnership is subr	nitting dissolution)
All assets liquidated and distributed.	C Promotomp to date.	menig dissolution)
		201
		2019 / 29 -
		1 2
SECOND: A Notice of Disso (Check box if		י רנאוטא. י שי 10 שי 10 שי
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.)  Note: If the date inserted in this block do not be listed as the document's effective of the control of the state of th	re than 90 days after the date this do	filing requirements, this date wi
Signatures of each general partner or the	person appointed pursuant to s. 620.	1803(3) or (4), F.S.:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	

## 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.

Dissolution.	4	ar timing a cer	meare	O1
Name of Dissolved Limited Partnership or I Warren, Ltd.	imited Liability Lin	nited Partners	hip:	_
Description of information that must be incl				
name, address and phone number of claimant and co	ntact persons for claima	nt		
description of the claim, amount of claim and basis	upon which claim is asse	erted		
		À.	201	
Mailing address where claims can be sent: (c	Claims cannot be sent to the Fi		f State.)	77
P O Box 1009, Crystal Beach, FL 34681		S (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	<b>-</b> q	
		 €7. – 4	<u> </u>	
		Alb.	01	<del>_</del>
A claim against the above named limited par will be barred unless a proceeding to enforce 4 years after the filing of the notice.	tnership or limited let the claim is comme	iability limite nced within	d partn	ership
Signature of a general partner or a principal of	of the successor entire	ty:		
Glenn T. Warren	Eti	àn		
Printed Name	S	ignature		

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