

A04 000000 1610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

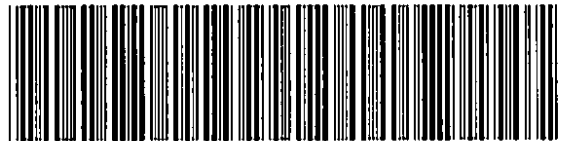
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/05/20--01015--002 **25.00

04/27/20--01031--011 **27.50

2020 APR 27 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 28 2020

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Garvy Business Ventures LLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:

Robert GARVY
(Contact Person)

(Firm/Company)

1100 S. Flagler DR #1901
(Address)

West Palm Beach FL 33401
(City, State and Zip Code)

For further information concerning this matter, please call:

Robert GARVY at (561) 670-5525
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION
FOR**

Gravy Business Ventures LLC P

(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 10/14/2020, assigned Florida document number A04000001610, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

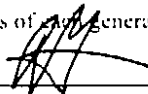
This entity is no longer in use

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

THIRD: Effective date, if other than the date of filing: 01/01/2020
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date not be listed as the document's effective date on the Department of State's records.

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



SECRETARY OF STATE
ADMINISTRATIVE SERVICES

2020 APR 27 AM 8:56

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