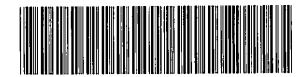
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000404498450

certificate of 3.

A. RANSEY APR, 1 2023

APR 1 : 2023 A. RAMSEY

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

OATE 4/10/2023	 **WALK IN ³
	NILAYAM LIMITED PARTNERSHIP
NTTIY NAME <u>19991</u>	THEAT AND ELIMITED FAIRTNERSON.
OCUMENT NUMBE	R
	PLEASE FILE THE ATTACHED AND RETURN
(XXXXXXXX	Plain Copy
	Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINA	1770N
NUMBER OF CERTIFICA	ATES REQUESTED
TOTAL OWED §52.5	0 ACCOUNT # 120160000072 4: C)

FILED

CERTIFICATE OF DISSOLUTION FOR

2023 APR 10 AM 8: 59

RAVINILAYAM LIMITED PARTNERSHIP

Certificate of Status (optional):

CECCETARY OF STATE TALE AHASSEE, FLORED?

(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 November 9, 2004 , assigned Florida document number A04000001753 ____, hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) The consent of all general partners and of all limited partners. SECOND: A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filing: (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 will not be listed as the document's effective date on the Department of State's records. Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.: RAVI NILAYAM MANAGEMENT LEC Chowdary Yalamanchili, Manager Filing Fee: \$52,50 Certified Copy (optional): \$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.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
RAVI NHAYAM LIMITED PARTNERSHIP

Description of information that must be included in a claim:

1. Name of claimant; 2. Basis of claim; 3. Copy of any written instrument upon which a claim is based;

4. Amount of claim; 5. Date claim arose; and 6. Name, address, telephone number and e-mail address of contact person for claimant

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

4420 Cypress Creek Parkway, Suite 224

Houston, Texas 77068

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.

4 years after the filing of the notice.

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

Ravi Nilayam Management, LLC

Printed Name

Sighature Chowdary Yalamanchili, Manager

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