(Re	equestor's Name)	
(Ad	(dress)	
,	ŕ	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	* P= .*. A 4	
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



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LP dissolution

ALLAHASSEC. FLORT

RECEIVED

A. RAMSEY NOV 0 8 2022

2022 NOV -7 PH 12 00

Sunshine State Corporate Compliance Company

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

DATE 11/7/2022	**WALK IN
NTITY NAMEBOY	D EQUITY INVESTMENTS LIMITED
OCUMENT NUMBE	ER
	PLEASE FILE THE ATTACHED AND RETURN
(XXXXXX	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	ATION
NUMBER OF CERTIFIC	CATES REQUESTED
rotal owed \$ 52.5	50 ACCOUNT # 120160000072

COVER LETTER

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TO: Regis	tration Se	ction				
Division of C	Corporatio	ns				
SUBJECT:		ity Investments Limited		niled Liability	Limited	Partnership)
		te of Dissolution ar pondence concerni Michael D. Sontag,			tted f	or filing.
		(Contact	Person)			
		Bass, Berry & Sims	s, PLC			
· · · · · · · · · · · · · · · · · · ·		(Firm/C	oւոր ո ււy)			
		150 Third Avenue	South, Suit	te 2800		
		(Addr	ENN)	 -		
		Nashville, TN 37	201			
		(City, State and	nl Zip Code)			
For further in	nformatio	n concerning this m				
Michael D. So			at (615 (Area Code))7	42-6260 time Telephone Number)
•	(Name of C	ontact Person)		(Area Code)	(Day	time Telephone Number)
Enclosed is	a check fo	r the following amo	ount:			
2 \$52,50 Filin	ng Fee [\$61.25 Filing Fee and Certificate of Status		.00 Filing F Certified Co		S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET A Registration Division of Clifton Buil 2661 Execu Tallahassee,	Section Corporation ding tive Cente	ons er Circle		Registr Divisio P. O. B	ation on of (lox 63	ADDRESS: Section Corporations 327 FL 32314

FILEU 2022 NOV -7 PM 12 00

CERTIFICATE OF DISSOLUTION FOR

FOR .	· · · · · · · · · · · · · · · · · · ·
Boyd Equity Investments Limited	1. 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 18
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)	
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limpartnership or limited liability limited partnership, whose certificate was filed will Florida Department of State onDecember 22, 2005, assigned Florida Department numberA05000002289, hereby submits this Certificate of Dissolution.	th the
FIRST: Reason for dissolution: (State why partnership is submitting dissolution	11)
The Partnership has distributed all of its assets to its partners and liquidated	
SECOND: A Notice of Dissolution is attached. (Check box if attached.)	
THIRD: Effective date, if other than the date of filing: November 30, 2022	
(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 neet 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. Kallene E. Dr., J.	:
	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$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.

Dogguintion of	Sin Commander of the American State of the S
	information that must be included in a claim:
Name and addre	ss (including individual to be contracted) and the amount of the claim including any
documents supp	orting the claim
Mailing addre	ss where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
Kat Boyd	
1501 Gulf Blvd,	#393 405
Clearwater, Flo	rida 33767

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:

Katherine E. Boyd

Printed Name

Lather E. Br. d. Signature