

AD6000001268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

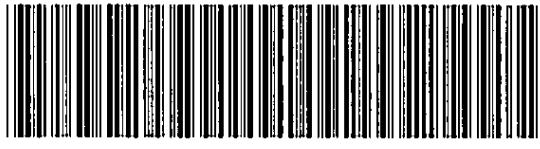
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE FLORIDA

D BRUCE
OCT 06 2018

MORRISSEY, HAWKINS & LYNCH

ONE INTERNATIONAL PLACE

BOSTON, MASSACHUSETTS 02110-2600

TELEPHONE 617-345-4500

FACSIMILE 617-345-0286

September 26, 2018

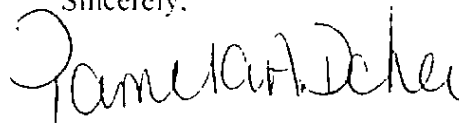
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: The Cleary Family LLLP

Dear Sir or Madam:

I enclose a check for \$52.50 for the filing of the enclosed Certificate of Dissolution for the above LLLP. Please contact us with any questions.

Sincerely,



Pamela A. Doherty
Paralegal

Enclosures

cc: Colleen E. Abcunas, Esq.

2018 OCT -1 AM 11:39
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: The Cleary Family LLLP

(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 F. Morrissey, Esq.

(Contact Person)

Morrissey, Hawkins & Lynch

(Firm/Company)

1 International Place, Suite 3220

(Address)

Boston, MA 02110

(City, State and Zip Code)

For further information concerning this matter, please call:

Robert F. Morrissey, Esq.

617

345-4500

at ()

(Area Code)

(Daytime Telephone Number)

(Name of Contact Person)

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2018 OCT -1 AM 11:37
TALLAHASSEE, FLORIDA
STATE

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**

The Cleary Family L.L.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 October 26, 2006, assigned Florida document number AC0000001268, hereby submits this Certificate of Dissolution.

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

The business of the L.L.P. has been completed, and the partners have voted to dissolve pursuant to the partnership agreement.

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.

Robert M. Murray
M. G. L.

2010 OCT - 1 AM 11:39
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

FILED

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