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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 Statement of Termination 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. at (617) 345-4500
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

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and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,
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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

STATEMENT OF TERMINATION
FOR

FILED
18 DEC 17 PM 8:58
TALLAHASSEE, FLORIDA

The Cleary Family LLLP

(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, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

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

Robert M. Murrin

M. G. L.

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