## A1000 000 0442

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



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## COVER LETTER

Division of Co				
SUBJECT: (Name of F	orida Limited Partnership	or Limited Liability Limited	d Partnership)	- Document
The enclosed Notice	of Dissolution and fee(	(s) are submitted for fil	ing.	71000000044
Please return all corre	spondence concerning	this matter to:		
Kenneth	(Contact Person)	·····		
	(Firm/Company)			
380 Wes	st Palmetto (Address)	Park Rd,	- Apt o	209C
Boca Rato	h Fla, 33 City, State and Zip Code)	3432		
For further information	on concerning this mat	ter, please call:		
Kennett Gins (Name of Co	ontact Person)	_at (	115 - 13	Sumber)
Enclosed is a check t	or the following amou	nt:		
\$52.50 Filing Fee	☐ \$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	☐ \$113.75 Fill Certified Copy, Certificate of St	and
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810  Tallahassee, FL 32303		6 13 13 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15



- #11 (D): 5 L

March 27, 2020

KENNETH GINSBURG 380 WET PALMETTO PARK RD., APT 209C BOCA RATON, FL 33432

SUBJECT: GRADY CAPITAL PARTNERS, LP

Ref. Number: A10000000442

We have received your document for GRADY CAPITAL PARTNERS, LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file a Notice of Dissolution the partnership must already be dissolved in our office an this partnership is still active. If you are trying to file a dissolution you have filed the wrong form. Please see the attached form to dissolve.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00006829

Diane Cushing Senior Section Administrator

www.sunbiz.org

## CERTIFICATE OF DISSOLUTION **FOR**

Grady C	r Limited Liability Limited Partnership)
(Name of Florida Limited Parthership o	r Limited Liability Limited Partnership)
partnership or limited liability limit	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 8/1/30/6, assigned Florida 44/3, hereby submits this Certificate of
FIRST: Reason for dissolution: (5	State why partnership is submitting dissolution)
partnership is	s disbanded (closed)
SECOND: A Notice of Disso	lution is attached.
(Check box if a	ttached.)
Department of State.)	e date of filing:  e than 90 days after the date this document is filed by the Florida  s not meet the applicable statutory filing requirements, this date will
Signatures of each general partner or the p	person appointed pursuant to s. 620.1803(3) or (4), F.S.:
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75