A11000000249

(Re	equestor's Name)	
(Ad	dress)	<u>_</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone #	()
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		

Office Use Only



600442360106

01/13/25--01020--015 **52.50

TOTAL OF STATE

COVER LETTER

TO: Registration	Section	
J		
Division of Corpora	tions	
SUBJECT: Shelter	-	Document # A11000000249 and Partnership or Limited Liability Limited Partnership)
	icate of Dissolution	on and fee(s) are submitted for filing. cerning this matter to:
	((Contact Person)
Shelter Bay Fund, L.P.		
	(Firm/Company)
27 Tom Harvey Rd		
		(Address)
Westerly, RI 02891		
	(City, S	state and Zip Code)
For further informate	ion concerning th	nis matter, please call:
John Fritz		401-6321601
(Name o	of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check	for the following	amount:
S52.50 Filing Fee	S61.25 Filing Fe and Certificate	

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 2025 JAN 13 PH 4: 3

CERTIFICATE OF DISSOLUTION FOR

Shelter Bay Fund, 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 March28, 2011 assigned Florida document number A11000000249 and hereby submits this Certificate of Dissolution.	
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	
I have moved from the state	
	
SECOND: A Notice of Dissolution is attached. (Check box if attached.)	
THIRD 1273 1/2024	
THIRD: Effective date, if other than the date of filing: 1275 (12024) (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the F Department of State.)	lorid a
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this not be listed as the document's effective date on the Department of State's records.	date wil
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4). F.S.:	
John Fritz	
	•-

\$52.50 \$52.50 \$8.75

Filing Fee: Certified Copy (optional): Certificate of Status (optional): 25 JAN 13 PM 4:3

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: Not Applicable		
Description of information that must be included in a claim:		
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)		
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:

Printed Name

Signate

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