## A11000000517

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(Cit	y/State/Zip/Phone	: #)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Certificate VIDSS WI Notice

## COVER LETTER . .

TO: Registration Section	
Division of Corporations	
933 BEACH WALKER LL SUBJECT:	"P
(Name of Florida Limi	ed Partnership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolutive Please return all correspondence con CHAROLYN J. RIKER	on and fee(s) are submitted for filing. cerning this matter to:
	Contact Person)
933 Reach Walk	on LCLP
	Ern CCCP Firm/Company)
13 SEAHORSE COURT	
	(Address)
ISLE OF PALMS, SC 29451	
(City.	State and Zip Code)
For further information concerning t	his matter, please call:
CHAROLYN J. RIKER	at ( (843) 886-4369 (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	g amount:
S52.50 Filing Fee S61.25 Filing F and Certificate Status	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section  Division of Corporations	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

933 BEACH WALKER, 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 July 15. 2011, assigned Florida document number A11000000517, hereby submits this Certificate of Dissolution.		
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)		
The purpose of the LLLP was to hold a piece of rental real estate. The real estate was sold in 2018		
and the partners wish to dissolve the partnership.		
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 Floridal 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.:  Charoline W. Riker,  Solution Many Monion Hall  Crotty W. Mayriban		
Filing Fee: \$52.50		

\$52.50 \$8.75

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Certified Copy (optional): Certificate of Status (optional):

## 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 Partnersh 933 BEACH WALKER LLLP	ip or Limited Liability Limited Partnership:
Description of information that must b	be included in a claim:
Name of claimant, description of claim & dat	e of service
Mailing address where claims can be s	SCHU: (Claims cannot be sent to the Florida Department of State.)
Charolyn J. Riker	
13 Seahorse Court	
Isle of Palms, SC 29451	
~	ted partnership or limited liability limited partnership enforce the claim is commenced within
Signature of a general partner or a primary	ncipal of the successor entity:
Charolyn J. Riker	Charolege J. Reku
Printed Name	Signature

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