## Alacelle

(Requestor's Name)  (Address)	400350933724
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	RECEIVED AUG 3 1 2020
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	09/01/2001003020 ++52,50
Special Instructions to Filing Officer:	CCT 1 4 2020

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## COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: RAFFERTY VENTURES, LTI	D Partnership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolution Please return all correspondence concerTODI-ANN WALLACE	· ·
(Cor	ntact Person)
JOSEPH C. KEMPE	
(Fire	nv/Company)
941 HIGHWAY ATA	
· (A	Address)
JUPITER, FL 33477	
(City, Stat	ic and Zip Code)
For further information concerning this	s matter, please call:
JODI-ANN WALLACE	561 747-7300 at ()
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following a	imount:
\$\$52.50 Filing Fee S61.25 Filing Fee 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

RAFFERTY VENTURES LTD
(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 02/20/2012, assigned Florida document number \(\Delta\)12000000094, hereby submits this Certificate of Dissolution.
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
THE PARTNERS OF THE PARTNERSHIP HAVE UNANIMOUSLY AGREED TO LIQUIDATE THE
PARTNERSHIP PRO-RATA TO THE PARTNERS AFTER PAYMENT OF ALL DEBTS AND
OBLIGATIONS.
SECOND: X A Notice of Dissolution is attached.  (Check box if attached.)
THIRD: Effective date, if other than the date of filing: August 31, 2020  [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.:  RAFFERTY MANAGEMENT, INC.  3y: D.J. C.J. C.J. C.J. C.J. C.J. C.J. C.J.

\$52.50 \$52.50 \$8.75

Filing Fee: 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 \$ 620.1807 F.S.

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: RAFFERTY VENTURES, LTD
Description of information that must be included in a claim:
CLAIMANT'S NAME, AMOUNT OF CLAIM, BASIS AND ORIGINATION DATE
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)
2720 DONALD ROSS ROAD #503 PALM BEACH GARDENS, FL 33410
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:
THOMAS L. RAFFERTY, PRES.
Printed Name Signature
Fee: No charge if included with Certificate of Dissolution. If filed separately,

\$52.50.