## A1200000122

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Cir	ty/State/Zip/Phone	#)		
PICK-UP	TIAW	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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02/28/14--01018--009 \*\*52.50

J. Shavere MAR 03 WHA

## **COVER LETTER**

TO: Registration	Section Corporations			
	elly & Redd	LLLP		
		ip or Limited Liability Lim	ited Partnership)	
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.				
Please return all cor	respondence concernir	ng this matter to:		
Tracey	L. Red ol (Contact Person)			
1	(Contact Person)	0 110		
Law Ottic	(Firm/Company)	L Kedol, P.A.		
1375 JACI	(Address)	, Sule 406		
Fox+ My	City, State and Zip Code)	21		
For further information	tion concerning this ma	atter, please call:		
Tracey Re	dd	at ( 239 ) 28	95-7333	
(Name of Con	tact Person)	(Area Code and D	Paytime Telephone Number)	
Enclosed is a check for the following amount:				
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRES	SS:	MAILING .	ADDRESS:	
Registration Section		Registration		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Cen	iter Circle	P. O. Box 63 Tallahassee,		
Tallahassee, FL 32		i ananassee,	1 L 32314	

## CERTIFICATE OF DISSOLUTION FOR

Kelly o Read,	Partnership or Limited Liability Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on N	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the Agrch 6, 2012, assigned Florida 1, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
PARTHER, Edward J. H	Kelly has taken employment
with State agency	and is no longer an active
member of the LL	ρ.
SECOND: A Notice of Disso (Check box if atta	
THIRD: Effective date, if other than the	date of filing:
	e than 90 days after the date this document is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to
Gray L. Redd	- CD Bell
Filing Fee:	\$52.50
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75
cermente or status (optional).	QUIT D

## 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 Partnershi	p:	
Description of information that must be included in a claim:	779724	
Mailing address where claims can be sent: (Claims cannot be sent to the Florida	a	•
Department of State.) 1375 Jackson Street		4
Suite 406	3.5	20
Fort Myers FL 33901	, <u>т</u>	-
	42 FF	 D.
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 years after the filing of the notice.  Signature of a general partner or a principal of the successor entity:  Tracey L. Reold  Printed Name  Signature		

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