

# A13000000342

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

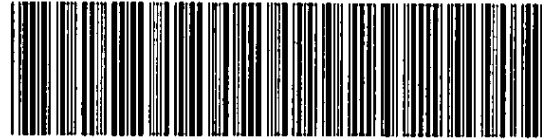
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800393239878

08/23/20--0.028--06:11:13.79

FILED  
2022 OCT -7 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 809 Management LP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to:  
Alicia De Grazia

(Contact Person)

Levy Salis LLP

(Firm/Company)

630 Sherbrooke Street W. #910

(Address)

Montreal, Quebec, H3A 1E4

(City, State and Zip Code)

For further information concerning this matter, please call:

Alicia De Grazia at ( 514 ) 940-8078  
(Name of Contact Person) (Area Code) (Daytime 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 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2022

ALISSIA DE GRAZIA  
LEVY SALIS LLP  
630 SHERBROOKE STREET W, #910  
MONTREAL, QUEBEC H3A 1E4,

SUBJECT: 809 MANAGEMENT LP  
Ref. Number: A13000000342

We have received your document for 809 MANAGEMENT LP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution was not attached. Since the box was checked it must be attached. I am enclosing the the Notice of Dissolution form.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 722A00021292

**CERTIFICATE OF DISSOLUTION  
FOR**

**FILED**

**2022 OCT -7 PM 3:08**

809 Management LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE  
TALLAHASSEE, FL

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 June 25, 2013, assigned Florida document number A13000000342, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

Unwinding of entity activities.

**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: January 12, 2022  
(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.:

Bernard H. Heston

Filing Fee:

**\$52.50**

**CERTIFICATE OF DISSOLUTION  
FOR**

**FILED**

**2022 OCT -7 PM 3:08**

809 Management LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE  
TALLAHASSEE, FL

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 June 25, 2013, assigned Florida document number A13000000342, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

Unwinding of entity activities.

**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: January 12, 2022  
(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.:

Patrick P. P...

[Signature]

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

**CERTIFICATE OF DISSOLUTION  
FOR**

**FILED**

**2022 OCT -7 PM 3:08**

809 Management I.P

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE  
TALLAHASSEE, FL

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 June 25, 2013, assigned Florida document number A13000000342, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

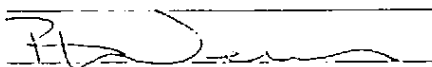
Unwinding of entity activities.

**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: January 12, 2022  
(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.:



\_\_\_\_\_

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75