A13000000342

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(Requestor's Name)	
(Address)	
(Address)	
(1331033)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Dusiness Entry Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	١
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Office Use Only



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FILED 2022 OCT - 7 PM 3: 01 SECRETARY OF SIGN

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: 809 Management LI	p	ership or Limited Liability	limited Postovechin
(Name of Fig	orida Limited Partne	ership or ilimited thatility	Limited Faithersmp)
The enclosed Certificate of D Please return all corresponder Alissia De Grazia			ted for filing.
	(Contact	Person)	
Levy Salis LLP			
	(Firm/Co	mpany)	
630 Sherbrooke Street W, #910	_		
	(Addre	ss)	
Montreal, Quebec, H3A 1E4			
	(City, State and	(Zip Code)	
For further information conce	erning this ma	atter, please call:	
Alissia De Grazia		514 at (940-8078)(Daytime Telephone Number)
(Name of Contact Per	son)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amo	unt:	
	Filing Fee ertificate of	\$105.00 Filing F and Certified Co	

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



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.

Letter Number: 722A00021292

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

CERTIFICATE OF DISSOLUTION

FILED

2022 OCT -7 PM 3: 08

	FUR	2017 OC 1 - 1 PM 3: 01
809 Management LP		SECRETARY OF STATE TALLAHASSEE.FL
(Name of Florida Limited Partnershi	p or Limited Liability Limited Partnership)	TALLAHASSEE, FL
partnership or limited liability lin Florida Department of State on Ju	tion 620.1203, Florida Statutes, this Florinited partnership, whose certificate was fune 25, 2013 , assign , hereby submits this Certificate.	iled with the ned Florida
FIRST: Reason for dissolution:	(State why partnership is submitting diss	solution)
Unwinding of entity activities.		
SECOND: [] A Notice of Diss (Check box it		
THIRD: Effective date, if other than	the date of filing: January 12, 2022	
(Effective date cannot be prior to nor me Department of State.)	ore than 90 days after the date this document is fi	led by the Florida
Note: If the date inserted in this block de	ocs not meet the applicable statutory filing require date on the Department of State's records.	ements, this date will
<i>(</i>)	person appointed pursuant to s. 620.1803(3) or (4), F.S.:
Bernard-fledure	<u></u>	

\$52.50

Filing Fee:

CERTIFICATE OF DISSOLUTION FOR

FILED

2022 OCT -7 PM 3: 08

809 Management LP		SECTION ARY IN A
(Name of Florida Limited Partnership or L	inited Liability Limited Partnership)	SECHETARY U. S TALLAHASSEE.
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on June 2: document number A13000000342 Dissolution.	5, 2013 ass hereby submits this Certi	signed Florida ficate of
FIRST: Reason for dissolution: (St	ate why partnership is submitting of	issolution)
Unwinding of entity activities.		
SECOND: [] A Notice of Dissolu (Check box if ar	ation is attached. tached.)	
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block does not be listed as the document's effective da	not meet the applicable statutory filing re	t is filed by the Florida equirements, this date will
Signatures of each general partner or the pe		or (4), F.S.:
Filing Fee:	\$52.50	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	•
Certificate of Status (optional).	and the	

CERTIFICATE OF DISSOLUTION FOR

FILED

2022 OCT -7 PH 3: 08

809 Management LP		SEURFIADV -
(Name of Florida Limited Partnership	or Limited Liability Limited Partnership)	SEURE LARY OF TALLAHASSEE
Pursuant to the provisions of secti-	on 620.1203, Florida Statutes, this F	lorida limited
partnership or limited liability limi	ited partnership, whose certificate w	as filed with the
Florida Department of State on Jun	e 25, 2013 , as	ssigned Florida
document number A13000000342	, hereby submits this Cert	tificate of
Dissolution.		
FIRST: Reason for dissolution:	(State why partnership is submitting	dissolution)
Unwinding of entity activities.		
		·
CECOND. I A N. d	-lution is attached	
SECOND: LA Notice of Disso (Check box if		
(Check box ii	attached.)	
THIRD: Effective date, if other than the	by date of filing: January 12, 2022	
(Effective date cannot be prior to nor mo	re than 90 days after the date this documen	t is filed by the Florida
Department of State.)		
Note: If the date inserted in this block do	es not meet the applicable statutory filing r	equirements, this date wil
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.:
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Filing Fee:	\$52.50	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	