

A130000000460

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

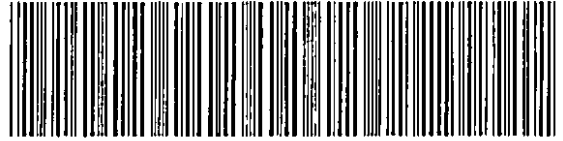
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DATE: 6/15/20

NAME: CALESA ASSOCIATES LP

TYPE OF FILING: CERTIFICATE OF DISSOLUTION

COST: 113.75

RETURN: CERTIFIED COPY AND CERTIFICATE OF STATUS PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

** File First **

**CERTIFICATE OF DISSOLUTION
FOR**

CALESA ASSOCIATES L.P.

(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 08/28/2013, assigned Florida document number A13000000460, hereby submits this Certificate of Dissolution.

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

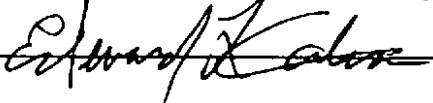
THE GENERAL AND LIMITED PARTNERS AGREED VIA UNANIMOUS CONSENT THAT IT IS
IN THE BEST INTEREST OF THE PARTNERS TO WIND UP THE PARTNERSHIP'S AFFAIRS AND
DISSOLVE.

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 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.:



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