41300000113

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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2022 NOV 29 PH 1: 21

LEC - 9 2022 M. SOLOMON

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Granite Consolidated Fund, LLLI		
(Name of Florida Limited Part	tnership or Limited Liability Limited Partnership)	
The enclosed Certificate of Dissolution a Please return all correspondence concern. Donna Colavito	ing this matter to:	
(Contac	et Person)	
Granite Associates, Inc.		
(Firm/C	Company)	
225 Banyan Boulevard, Suite 130		
(Addr	7555)	
Naples, FL 34102		
(City, State ar	nd Zip Code)	
For further information concerning this m	natter, please call:	
Donna Colavito	845 295-2763 at ()	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amo	ount:	
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314	

Tallahassee, FL 32301

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2022 NOV 29 PH 1: 21

CERTIFICATE OF DISSOLUTION FOR

Granite Consolidated Fund, LLLP	
(Name of Florida Limited Partnership	or Limited Liability Limited Partnership)
	on 620.1203, Florida Statutes, this Florida limited ited partnership, whose certificate was filed with the vember 18, 2013, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: ((State why partnership is submitting dissolution)
	Il of the Limited Partners, per Partnership Agreement.
SECOND: A Notice of Disso (Check box if a	attached.)
Department of State.)	re than 90 days after the date this document is filed by the Florida see not meet the applicable statutory filing requirements, this date will
Signatures of each general partner or the p GENERAL PARTNER: Granite CF, LLC By:	person appointed pursuant to s. 620.1803(3) or (4), F.S.:
Name: Adam Gerry Title: President	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75

2022 NOV 29 PH 1:21

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.

2 issoration.		
Name of Dissolved Limited Partnership or L Granite Consolidated Fund, LLLP	imited Liability Limited Partnership:	
Description of information that must be inclu	ided in a claim:	
Name, address & e-mail address of claimant		<u>1</u> . g
Reason for claim		
Amount of claim		27.27
Mailing address where claims can be sent: (c	Claims cannot be sent to the Fiorida Department of State.)	<u>ਜ਼੍ਹੇਜ਼</u> ਹਵ ਹਵ
Granite Consolidated Fund, LLLP		- T-
225 Banyan Boulevard, Suite 130		
Naples, FL 34102		
A claim against the above named limited part will be barred unless a proceeding to enforce 4 years after the filing of the notice.	nership or limited liability limited partn the claim is commenced within	ership
Signature of a general partner or a principal of Several Partner:	f the successor entity:	
Granite CF, LLC By: Adam Gerry, President	A	
Printed Name	Signature	

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