

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations 245-6030

Fax Number

: (850)617-6383

From:

vonne mendez

: GRAY ROBINSON, P.A.

Account Number : 075154001651

Phone

: (321)727-8100

Fax Number

: (321)984-4122

DISS/TERM/CANCEL/REV OF LP/LLP C SQUARED FAMILY PARTNERSHIP, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

is was faxed on sept 19, 2018

Electronic Filing Menu

Help

P. 1

x x $\stackrel{*}{\text{$\xi$}}$ Communication Result Report (Sep. 19. 2018 | 1:33PM) x x x

1) Gray Robinson

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Date/Time: Sep. 19. 2018 1:32PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
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Division of Corporations Fax Number : (250)617-6383

VUDICALE MICHAEL SALVENDE P.A. ACCOUNT NUMBER : 875154091651
Phone : 121/1717-2188
FIX Marber : (321/194-4122

DISS/TERM/CANCKL/REV OF LP/LLP C SOUARED FAMILY PARTNERSHIP, LLLP

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Hierarchic Filing Mean Corporate Filing Mean

Help

graduation of

CERTIFICATE OF DISSOLUTION FOR

C Squared Family Partnership, LLLP			
(Name of Florida Limited Partnership	or Limited Liabilit	y Limited Partnership)	<u>, , , , , , , , , , , , , , , , , , , </u>
Pursuant to the provisions of section partnership or limited liability limited Plorida Department of State on Decidocument number A13000000794 Dissolution.	ited partnership, cember 31, 2013	, whose certificate was	s filed with the igned Florida
FIRST: Reason for dissolution: (State why partr	ership is submitting d	issolution)
The consent of all general partners and a			,
			
			
SECOND: A Notice of Disso (Check box if		xd .	क्राप्त स्ट्र
THIRD: Effective date, if other than the Effective date cannol be prior to nor more	ne date of filing: re than 90 days afte	er the date this document k	s filed by the Florida
Department of State.) Note: If the date inserted in this block do	es not meet the son	licable statutory filing requ	ن Uirements, this date will
not be listed as the document's effective of	late on the Departn	tent of State's records.	L!
Signatures of each general partner or the p C Squared Family, LLC	erson appointed p	arsuant to s. 620.1803(3) o	r (4), F.S.;
By:			
Charles E. Quinby, Manager	-	Charles	E Durly
Filing Fee:	¢ 57 50		
Certified Copy (optional):	\$52.50 \$52.50		\sim
Certificate of Status (optional):	\$8.75		

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.

Dissolution.	Attribute of
Name of Dissolved Limited Partnership or Limited Liability Limited Partner C Squared Pamily Partnership, LLLP	rship:
Description of information that must be included in a claim:	
1. Name, address, telephone number, fax number and email address of claimant.	
2. Amount of claim.	2.00
3. If founded on contract or other written instrument, a copy of instrument, or invoices supp	porting claim.
4. If founded upon tort, describe facts giving rise to claim.	
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department	of State.)
Charles E. Quinby	·
3223 S. Atlantic Avenue, Unit 405	
Cocoa Beach, Florida 32931	·
A claim against the above named limited partnership or limited liability limit will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.	ed partnership
Signature of a general partner or a principal of the successor entity:	ľ
By: Charles E. Quinby, Manager Charles & Qu	unten
Printed Name Signature	
ee: No charge if included with Cartificate of Dissalution Temp.	V

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