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(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



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2020 JUH-2 PH 4: 40

COMMONS

JUN 1 9 2028

COVER LETTER

TO: Registration Section			
Division of Corporations			
3080 Sheridan Partnership,LTD			
(Name of Florida Limited Pa	artnership or Limited Liability Limited Partnership)		
The enclosed Certificate of Dissolution Please return all correspondence concert Kenneth L. Minerley			
(Cont	act Person)		
Minerley Fein, PA			
(Firm	/Company)		
1200 N. Federal Hwy Suite 420			
(Ad	idress)		
Boca Raton, Fl 33432			
(City, State	and Zip Code)		
For further information concerning this	matter, please call:		
Kenneth L. Minerley	561 362-6699 at ()		
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following ar	mount:		
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status		
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P. O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL 32314		

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION 2020 JUN -2 PH 4: 40 FOR

3080 Sheridan Partnership, LTD			• •
(Name of Florida Limited Partnership or	Limited Liabil	ity Limited Partnership	p)
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on 08/21 document number A14000000437 Dissolution.	ed partnershi /2014	p, whose certificate	was filed with the assigned Florida
FIRST: Reason for dissolution: (S	tate why par	tnership is submitt	ing dissolution)
The Partnership sold all assets.			
SECOND: A Notice of Dissol (Check box if at		ched.	
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 date.	than 90 days as	after the date this docu applicable statutory fili	ng requirements, this date wi
Signatures of each general partner or the proceed you Vinet, Proside		d pursuant to s. 620.18	03(3) or (4), F.S.:
Filing Fee:	\$52.50		
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		

NOTICE OF DISSOLUTION

FLORIDA LIMITED PARTNERSHIP 2020 JUN -2 PH 4: 40 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.
Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: 3080 Sheridan Partnership, LTD
Description of information that must be included in a claim:
Name and Address Of Person or Entity Making Claim. Basis For Claim. Amount of Claim. Supporting Do
Mailing address where claims can be sent: (Clauns cannot be sent to the Florida Department of State.)
Attention Jocelyn Vinet 3275 SW 42nd Street Ft. Lauderdale, Fl 33312
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.
Signature of a general partner or a principal of the successor entity:
Jocelyn Vinet, President
Printed Name Signature
Fee: No charge if included with Certificate of Dissolution. If filed separately,

\$52.50.