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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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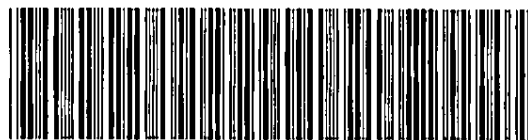
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: BRIAN THOMAS MAGUIRE FAMILY LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:

J. STEPHEN PULLUM, ESQ.

(Contact Person)

PULLUM & PULLUM, P.A.

(Firm/Company)

250 INTERNATIONAL PKWY, STE 340

(Address)

LAKE MARY, FL 32746

(City, State and Zip Code)

For further information concerning this matter, please call:

J. STEPHEN PULLUM

(Name of Contact Person)

at (407) 732 - 6510

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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

**CERTIFICATE OF DISSOLUTION
FOR
BRIAN THOMAS MAGUIRE FAMILY LP**

This Certificate of Dissolution is hereby filed with the Department of State pursuant to the provisions of Florida Statute §620.1203.


The Name of the Limited Partnership: Brian Thomas Maguire Family LP.

Date of Filing of its Initial Certificate of Limited Partnership: December 12, 2014.

The Reason for Filing of Certificate of Dissolution: This LP now has only one partner. The administrative costs for maintaining this LP now out weighs the benefit of this LP entity.

The effective date for the Certificate of Dissolution shall be its date of filing.

Signature of the only General Partner:



Brian Thomas Maguire

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