

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
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**DISS/TERM/CANCEL/REV OF LP/LLP
GAG LIMITED PARTNERSHIP**

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**CERTIFICATE OF DISSOLUTION
FOR**

GAG Limited Partnership

(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 March 25, 2015, assigned Florida document number A15000000199, hereby submits this Certificate of Dissolution.

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

No further business and no remaining assets.

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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Frank Pawlowski
ESSEX FAMILY VENTURES, INC.
Frank Pawlowski

Filing Fee: \$32.50
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