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Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904)398-3911
Fax Number : (904)396-0663

**DISS/TERM/CANCEL/REV OF LP/LLP
FOODY INVESTMENTS FAMILY LIMITED PARTNERSHIP, LLLP**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

O SIMMONS
JUL 18 2018

H18000206561

**CERTIFICATE OF DISSOLUTION
FOR**

FOODY INVESTMENTS FAMILY LIMITED PARTNERSHIP, LLLP
(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 July 6, 2015, assigned Florida document number A15000000428, hereby submits this Certificate of Dissolution.

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

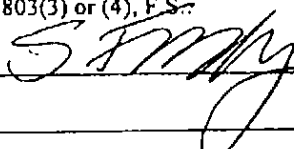
The resolution to dissolve the partnership was adopted on May 2, 2018 by written consent of the general and limited partners of the partnership.

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.:

 _____

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**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.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Foody Investments Family Limited Partnership, LLLP

Description of information that must be included in a claim:

Name, address and phone number of Claimant;

The amount of the claim;

The date the claim arose; and

A description of the nature of the claim in sufficient detail

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

Stephen T. Foody

375 Sawmill Lane

Ponte Vedra Beach, FL 32082

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:

Stephen T. Foody on behalf of Foody Investments, LLC

Printed Name

Signature

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

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