

A16 000000452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

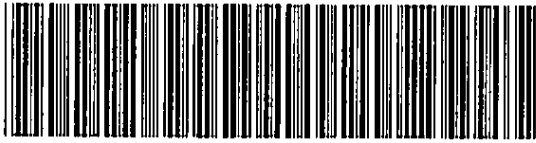
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
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APPROVED
AND
FILED

DEC 10 2021
K. Brumbley

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: LORRAINE'S LOVE 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:

THOMAS M. VANNESS, JR., ESQ.

(Contact Person)

VANNESS & VANNESS, PA

(Firm/Company)

1205 N. MEETING TREE BLVD.

(Address)

CRYSTAL RIVER, FL 34429

(City, State and Zip Code)

For further information concerning this matter, please call:

THOMAS M. VANNESS, JR.

at (352) 795-1444

(Name of Contact Person)

(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**

LORRAINE'S LOVE FAMILY LP

(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 SEPTEMBER 1, 2016, assigned Florida document number A1600000452, hereby submits this Certificate of Dissolution.

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

ALL GENERAL PARTNERS AND LIMITED PARTNERS HAVE DETERMINED IT WOULD BE IN
THE BEST INTEREST OF THE FAMILY LP TO DISTRIBUTE ALL ASSETS OF THE LP TO THE
UNDERLYING GENERAL PARTNERS AND LIMITED PARTNERS, AS THEIR INTEREST APPEAR
SO THAT EACH PARTNER CAN PURSUE THEIR OWN INVESTMENT PHILOSOPHY.

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X _____
X _____
X [Signature] _____

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

SECRETARY OF STATE
TAMI AHASSEN, FLORIDA

2021 NOV 22 AM 11: 22

APPROVED
AND
FILED

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FOR**

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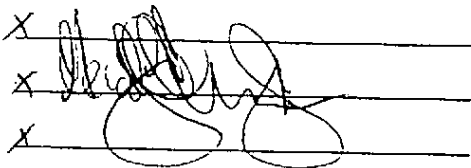
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X _____
X _____

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

2021 NOV 22 AM 11: 22
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED