## A1600000050a

(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
	<b>—</b>	<b>—</b>		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
4	•	•		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
On a significant and a significant and a	500 O#5			
Special Instructions to Filing Officer:				
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Office Use Only



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M. Sales

## **COVER LETTER**

Division of C			
SUBJECT: BOA	15 305 L	1 / P	
		p or Limited Liability Limi	ted Partnership)
The enclosed Certifi	cate of Dissolution and	d fee(s) are submitted f	for filing.
Please return all corr	espondence concernin	ng this matter to:	
Jorge S	Contact Person)	5	
	(Contact Person)		
BOAT	5 305 LLLP (Firm/Company)		
	(Firm/Company)	<del></del>	
6676 5	<u>(Address)</u>	+408	
Miani,	FL 33/73 City, State and Zip Code)		
′ (	City, State and Zip Code)		
For further informati	on concerning this ma	atter, please call:	
Josue SUAR	ez-Murias	at (786)71	480360 aytime Telephone Number)
(Name of Cont	act Person)	(Area Code and D	aytime Telephone Number)
Enclosed is a check	for the following amou	unt:	
\$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 ADDRES	S:	MAILING A	ADDRESS:
<b>Registration Section</b>		Registration	
Division of Corporat	ions	Division of (	
Clifton Building		P. O. Box 63	
2661 Executive Cent		Tallahassee,	FL 32314
Tallahassee, FL 323	01		

## . CERTIFICATE OF DISSOLUTION FOR

BOATS 305 /	/// P
	Partnership or Limited Liability Limited Partnership)
partnership or limited liability limit Florida Department of State on O	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the 99-23-20/6, assigned Florida 502, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
Bussiness did not be	enerate Any PROFIT due TO EXTERNAL
	k hards there is Too much competition
	re didn't have the resources to do
PROMotion, etc.	
SECOND: A Notice of Disso (Check box if atta	
THIRD: Effective date, if other than the	date of filing:
(Effective date cannot be prior to nor more Department of State.)	re than 90 days after the date this document is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to
	· · · · · · · · · · · · · · · · · · ·
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75
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