# A16000000 650

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			

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D. WHITE

### COVER LETTER

TO: Reg	sistration Section		
Division of	Corporations		
SUBJECT	DONALD C. D'AGATEHOLDIN	NGS LIMITED PARTN	ERSHIP
	(Name of Florida Limited Par	tnership or Limited Liability	Limited Partnership)
Please retur	ed Certificate of Dissolution a rn all correspondence concern I-ANN WALLACE		tted for filing.
	(Contac	et Person)	
JOSEPH C. 1	KEMPE PROFESSIONAL ASSOC	IATION	
	(Firm/	Company)	
941 NORTH	HIGHWAY ATA		
	(Add	ress)	
JUPITER, FI	L 33477		
	(City, State a	nd Zip Code)	
For further	information concerning this n	natter, please call:	
SONYA MO	OCHEGOVA	561 at (	747-7300 )
	(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is	s a check for the following am	ount:	
\$52.50 Fil	ling Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fl and Certified Co	
=	ADDRESS:	MAILING ADDRESS:	
Registration of		Registration Section	
Clifton Bui	f Corporations ilding	Division of Corporations P. O. Box 6327	
	utive Center Circle	Tallahassee, FL 32314	

Tallahassee, FL 32301

# CERTIFICATE OF DISSOLUTION FOR 20197 125 Fill: 43

Certificate of Status (optional): \$8.75

Oleman & Classida Limited Bastanashia				
(Name of Florida Limited Partnership	or Limited Liability Limited Partnership)			
partnership or limited liability lin Florida Department of State on No	ion 620.1203, Florida Statutes, this Florida limited nited partnership, whose certificate was filed with the OVERBER 21, 2016, assigned Florida, hereby submits this Certificate of			
FIRST: Reason for dissolution:	(State why partnership is submitting dissolution)			
The partners of the partnership have unanimously agreed to liquidate the partnership pro-rata				
to the partners after payment of all debt	s and obligations.			
	<del></del>			
SECOND: A Notice of Dis				
(Check box i	f attached.)			
THIRD: Effective date, if other than	the date of filing:			
(Effective date cannot be prior to nor m	ore than 90 days after the date this document is filed by the Florida			
Department of State.)  Note: If the date inserted in this block d	does not meet the applicable statutory filing requirements, this date will			
not be listed as the document's effective	e date on the Department of State's records.			
Signatures of each general partner or th	e person appointed pursuant to s. 620.1803(3) or (4), F.S.:			
	DONALD C. D'AGATI HOLDINGS, LP			
	BY:			
	10 c 200			
	DONALD C. D'AGATI			
Filing Fee:	\$52.50			
Certified Copy (optional):	\$52.50			

# 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 of DONALD C. D'AGATI HOLDINGS LIMITED F	
Description of information that must be in	cluded in a claim:
Claimant's name, amount of claim, basis and origi	nation date.
Mailing address where claims can be sent:	(Claims cannot be sent to the Florida Department of State.)
DONALD C. D'AGATI	
20 AIRBURTH ROAD	_
TOWSON, MD 21286	
A claim against the above named limited pail be barred unless a proceeding to enfort years after the filing of the notice.	partnership or limited liability limited partnership ree the claim is commenced within
Signature of a general partner or a principa	al of the successor entity:
DONALD C. D'AGATI	An (M
Printed Name	Signature

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