

A16D000000664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2024 MAY 13 PM 6:18
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JUN 24
S. PRATHER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Origin Limited Partnership

(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:

Rymar Ventures Inc c/o Marilyn B Pelletti

(Contact Person)

Rymar Ventures Inc

(Firm/Company)

4264 NW 57th Ave

(Address)

Ocala Florida 34482

(City, State and Zip Code)

For further information concerning this matter, please call:

Marilyn Pelletti

GP

at

352

2663982

(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**

Origin 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 28 November 2016, assigned Florida document number A16000000664, hereby submits this Certificate of Dissolution.

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

Partnership had ceased to do business

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: May 15 2024
(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.:

Nancy S. Bittman, GP

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

2024 NOV 13 PM 6:15

**CERTIFICATE OF DISSOLUTION
FOR**

Oligin 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 28 November 2016, assigned Florida document number A16000000664, hereby submits this Certificate of Dissolution.

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

Partnership had ceased to do business

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: May 15 2024
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

 GP

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

FILED
MAY 13 2024
TALLAHASSEE, FL
CLERK OF THE
DEPARTMENT OF STATE

2024 MAY 13 PM 6:13