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(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Dc	cument Number)	
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Certified Copies Certificates of Status		of Status
Special Instructions to Filing Officer:		





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## **COVER LETTER**

TO: Registration Section		
Division of Corporations		
BADGER CRAFT BEER DISTR		
(Name of Florida Limited Pa	rtnership or Limited Liability Limited Partnership)	
The enclosed Certificate of Dissolution a Please return all correspondence concert JONATHAN GOLDEN		
(Conta	et Person)	
BOSTON FINANCE GROUP LLC		
(Firm/	Company)	
12707 49TH STREET N., SUITE 900		
(Add	iress)	
CLEARWATER, FL 33762		
(City, State a	and Zip Code)	
For further information concerning this t	natter, please call:	
JONATHAN GOLDEN	727 497-1661 at ( )	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following am	ount:	
\$52.50 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)				
Pursuant to the provisions of section 620.1203, Florida Statutes, this partnership or limited liability limited partnership, whose certificate variations of State on 9/26/2017	was filed with the assigned Florida			
FIRST: Reason for dissolution: (State why partnership is submitting	g dissolution)			
BUSINESS NEVER COMMENCED.				
SECOND: A Notice of Dissolution is attached. (Check box if attached.)	ALED RIZ PH			
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 docume	ent is filed by the Ptorida			
Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing not be listed as the document's effective date on the Department of State's records.	requirements, this date will			
Signatures of each general partner or the person appointed pursuant to s. 620.18030	(3) or (4), F.S.:			
	· <u>·</u> ····			

\$52.50 \$52.50 \$8.75

Filing Fee: Certified Copy (optional): Certificate of Status (optional):