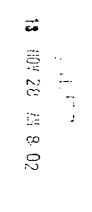
## A17000000660

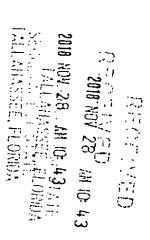
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



800321393238





O SIMMONS NOV 2 9 ZO18

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11-28-18

NAME: DERMOT PACIFIC PARTNERS, L.P.

TYPE OF FILING: DISSOLUTION

COST:

105.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

## CERTIFICATE OF DISSOLUTION FOR

DERMO	OT PACIFIC PAR	TNERS, L.P.	
(Name of Florida Limited Partnership or	Limited Liability	imited Partnership)	
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on document number A17000000660 Dissolution.	d partnership. 1 12/21/201	whose certificate was filed with the 7, assigned Florida	e
FIRST: Reason for dissolution: (S	tate why partne	rship is submitting dissolution)	
Limited Partnership has ceased conducting	coperations of any	kind.	<u> </u>
			<b>E</b>
			20
			<del></del>
			三
SECOND: A Notice of Dissol (Check box if a		d.	ر د د
<b>THIRD:</b> Effective date, if other than the (Effective date cannot be prior to nor more Department of State.)  Note: If the date inserted in this block does not be listed as the document's effective date.	e than 90 days afte s not meet the appl	icable statutory filing requirements, this	
Signatures of each general partner or the p	erson appointed pt 	WILLIAMP, DICKEY, PRESIDENT OF DICKEY REALTY, INC., GENERAL PARTNER	keg
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		_