## A18000000142.

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|---|----------------|-------------|-------|
| (Ad                                     | ldress)        | <del></del> |       |
| (Ad                                     | ldress)        |             |       |
| (Cit                                    | ty/State/Zip/P | hone #)     |       |
| PICK-UP                                 | ☐ WAIT         | . [         | MAIL  |
| (Bu                                     | siness Entity  | Name)       |       |
| (Document Number)                       |                |             |       |
| Certified Copies                        | _ Certific     | ates of Sta | atus  |
| Special Instructions to Filing Officer: |                |             |       |
|   |                |             |       |
|   |                |             |       |
| Limited Partnersh                       | pup            | 1085        | NU \$ |

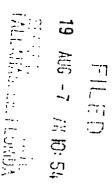
Office Use Only



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AUG 0 8 2019 S. YOUNG



June 7, 2019

JEFFREY LYNCH ZERO GRAVITY DRAGONS LTD 725 CONREIN DRIVE PORT CHARLOTTE, FL 33952

SUBJECT: ZERO GRAVITY DRAGONS LTD

Ref. Number: A1800000142

The form you submitted is for a GP, but your entity is a LP. Please complete and return the enclosed blank form(s).

We have received your document for ZERO GRAVITY DRAGONS LTD and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$27.50. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 719A00011408

www.sunbiz.org

Division of the property of th

## **COVER LETTER**

| TO: Registration Section   |   |
|--|---|
| Division of Corporations   |   |
| SUBJECT: ZEro Gravity  (Name of Florida Limited Partner  | DIG JONS LTD ship or Limited Limited Partnership)   |
| The enclosed Certificate of Dissolution and Please return all correspondence concerning  Jeffsey Lynch  (Contact P | g this matter to:   |
| ZETO Groving Digg  | pany)   |
| 725 (CALELLY D   | NE  |
| Post Charlotte (City, State and 2  | FL 37952  |
| For further information concerning this mat  | tter, please call:  |
| Joseffica hyach<br>(Name of Contact Person)  | at ( <u>G41</u> ) § 93 . 75 75<br>(Area Code) (Daytime Telephone Number)                            |
| Enclosed is a check for the following amou   | nt:   |
| S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status  | S105.00 Filing Fee S113.75 Filing Fee. and Certified Copy Certificate of Status                     |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle        | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

| (Name of Florida Limited Partnership of     | r Limited Liability Limited Partnership)  |
|---|---|
| partnership or limited liability limit      | n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the, assigned Florida, hereby submits this Certificate of |
| FIRST: Reason for dissolution: (S           | State why partnership is submitting dissolution)  |
| Buswess Clas                                | ×D  |
|   |   |
|   |   |
| SECOND: A Notice of Dissol                  |   |
| (Check box if a                             | ittached.)  |
| Department of State.)                       | s not meet the applicable statutory filing requirements, this datewill  |
| Signatures of each general partner or the p | John Lynd   |
| Filing Fee:                                 | \$52.50   |
| Certified Copy (optional):                  | \$52.50<br>\$52.50  |
| Certificate of Status (optional):           | \$8.75  |

## 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 or Limited Liability Limited Partnership:  |
|--|
| ,  |
| Description of information that must be included in a claim:   |
|  |
| Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)  |
| 725 GOUTELO DE NE PORT Charlotte (1 33252  |
| A claim against the above named limited partnership or limited liability limited partnership   |
| A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice. |
| Signature of a general partner or a principal of the successor entity:   |
| Justien hyme half  |
| Printed Name Signature   |

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