

A190000000294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

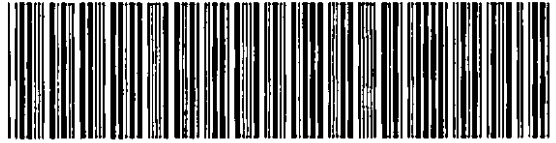
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Dissolution*

Office Use Only



400361524334

03/22/21-- 01043--012 \*\*52.50

2021 JUL -6 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

*Dissolution*

JUL 21 2021

D CUSHING

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** FAT Live 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:

William Houlihan

(Contact Person)

Evergreen Partners

(Firm/Company)

261 Gorham Road

(Address)

South Portland, ME 04106

(City, State and Zip Code)

For further information concerning this matter, please call:

William Houlihan

at

207

774-6989

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUL -6 AM 9:32

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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

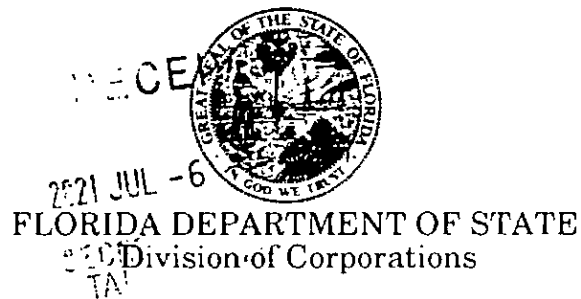
☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**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



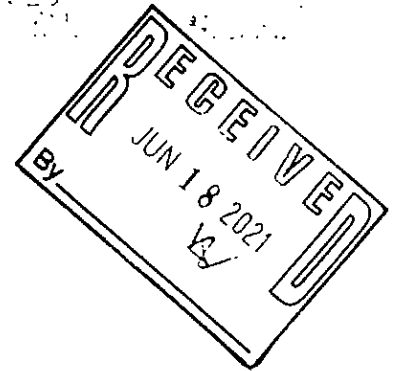
RECEIVED

2021 JUL -6 PM 3:27

June 7, 2021

WILLIAM HOULIHAN  
EVERGREEN PARTNERS  
261 GORHAM ROAD  
SOUTH PORTLAND, ME 04106

SUBJECT: FAT LIVE LIMITED PARTNERSHIP  
Ref. Number: A19000000294



We have received your document for FAT LIVE LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The notice of dissolution must contain: 1.) The name of the dissolved limited partnership; 2.) A statement that persons with unknown claims present them in accordance with the notice; 3.) A description of the information that must be included in a claim; 4.) A mailing address to which the claim may be sent; and 5.) A statement that a claim against the limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 521A00012417

**CERTIFICATE OF DISSOLUTION  
FOR**

FAT Live 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 07/19/2019, assigned Florida document number A1900000294, hereby submits this Certificate of Dissolution.

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

No longer doing business

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

**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 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.:

FAT Live LLC

by: William A. Houlahan, member

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 JUL -6 AM 9:32

FILED

**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:

FAT Live Limited Partnership

Persons with unknown claims should present them to the mailing address below with the information described below included.

Description of information that must be included in a claim:

The claim should include the name, address, and phone number of claimant. The claim should also include

the description, date, and amount of claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)

Evergreen Partners

261 Gorham Road

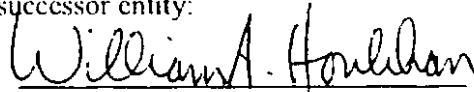
South Portland, ME 04106

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 notice.

Signature of a general partner or a principal of the successor entity:

William A. Houlihan

Printed Name



Signature

**Filing Fee:** \$52.50

**Certified Copy (optional):** \$52.50