

A20000000131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

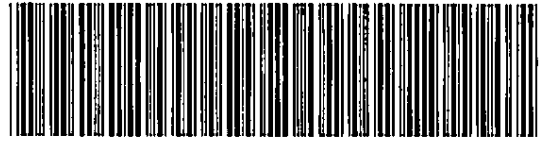
(Business Entity Name)

(Document Number)

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

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02/14/22--01024--010 \*\*52.50

APPROVED  
AND  
FILED  
2022 FEB 14 AM 11:26  
TALLAHASSEE, FL 32301  
STATE OF FLORIDA

FEB 18 2022

K. Brumbley

## COVER LETTER

**TO:** Registration Section

Division of Corporations

**SUBJECT:** GRAVES FAMILY 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:

TRICIA TWEEL AND RUSSELL WHITE

(Contact Person)

HARRIS SHELTON

(Firm/Company)

6060 PRIMACY PARKWAY, STE 100

(Address)

MEMPHIS, TN 38119

(City, State and Zip Code)

For further information concerning this matter, please call:

TRICIA TWEEL

at ( 901 ) 435-0303

(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**

GRAVES FAMILY 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 03/26/2020, assigned Florida document number A20000000131, hereby submits this Certificate of Dissolution.

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

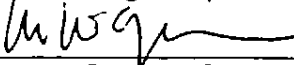
General Partners voted to dissolve the partnership.

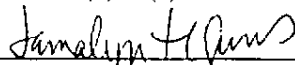
**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**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.:

  
William A. Graves, General Partner

  
Jamalyn H. Graves, General Partner

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

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AND  
FILED  
02 FEB 14 AM 11:26  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA