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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077 Phone : (407)649-4916

: (407)541-0168 Fax Number

DISS/TERM/CANCEL/REV OF LP/LLP MCGRATH DYNASTY LLLP

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Tallahassee, FL 32301

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COVER LETTER

TO: Registration	Section	
Division of Corpor	ations	
SUBJECT: McGra	th Dynasty LLLP (Name of Flerida Limited Par	triership or Limited Liability Limited Partnership)
The enclosed Certil Please return all co Kyle Graham	ficate of Dissolution a rrespondence concern	and fee(s) are submitted for filing. ing this matter to:
	(Conta	et Person)
BakerHostetler		
	(Firm/	Company)
127 Public Square, Sui	ite 2000	
	bbA)	ress)
Cleveland, OH 44114		
	(City, State a	nc Zip Code)
For further informa	ition concerning this n	natter, please call:
Kyle Graham		216 861-7446 at ()
(Name	of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check	; for the following am	ount:
]\$52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRE Registration Section Division of Corpora Clifton Building 2661 Executive Ce	n ations	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

BakerHostetler

(((H24000421756 3)))

CERTIFICATE OF DISSOLUTION FOR

	FOR G
McGrath Dynasty LLLP	
·	or Limited Liability Limited Pattnership)
Pursuant to the provisions of section partnership or limited liability limited Plorida Department of State on Decidocument number A20000000631 Dissolution.	or Limited Liability Limited Pattnership) on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the tember 16, 2020 assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
Dissolution by unanimous consent of the	partners.
SECOND: A Notice of Disso (Check box if a	
	December 31, 2024
THIRD: Effective date, if other than th (Effective date cannot be prior to nor mor	e than 90 days after the date this document is filed by the Fiorida
Department of State.) Note: If the date inserted in this block doe	s not meet the applicable statutory filing requirements, this date will
not be listed as the document's effective d	ate on the Department of State's records.
Signatures of each general partner or the p	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:
Printed Name: John E. McGrath III	
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50 \$52.50
Cartificate of Status (optional):	\$8.75