A2100000049A

(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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J. HORNE		
APR 1 U 2024		

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03/18/24--01003--004 **52.50



COVER LETTER

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

FOR	,
ICE NINE LP	•
ICE NINE LP (Name of Florida Limited Partnership or Limited Liability Limited Partnership) 7024 MAR 18 AM 9: 13	ı
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 September 10, 2021, assigned Florida document number A21000000492, hereby submits this Certificate of Dissolution.	
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	
Sold real property at 7349 Merchants Court	
SECOND: A Notice of Dissolution is attached. (Check box if 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.:	
34: 7349 Merdigat Court Cl. C, sok general partinen	
(tashen M. tmik Mags	
Filing Fee: \$52.50	
Certified Copy (optional): \$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: lce Nine LP

Description of information that must be i	ncluded in a claim:
Name, address, amount of claim and basis for cla	im
-	
Mailing address where claims can be sen	t: (Claims cannot be sent to the Florida Department of State.)
4129 Roberts Point Circle, Sarasota, Fla 34242	
A claim against the above named limited will be barred unless a proceeding to enfo 4 years after the filing of the notice.	partnership or limited liability limited partnership orce the claim is commenced within
Signature of a general partner or a princip	pal of the successor entity:
Stephen Mitnick	
Printed Name	Signature

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