

# A220000000240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

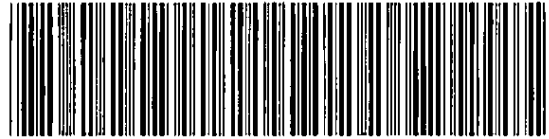
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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DEPT. OF STATE  
DIVISION OF CORPORATE AFFAIRS  
2023 AUG 28 PM 12:40

RECEIVED  
08/28/23

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** Cipher Composite Fund L.P.

(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:

Gregory Anderson

(Contact Person)

Gregory N. Anderson, P.A.

(Firm/Company)

500 S. Dixie Hwy, Ste 303

(Address)

Coral Gables, FL 33146

(City, State and Zip Code)

For further information concerning this matter, please call:

Gregory Anderson

at ( 305 )

951-2721

(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

2023 AUG 28 PM 12:40

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DIVISION OF CORPORATIONS  
AUG 28 2023

**CERTIFICATE OF DISSOLUTION  
FOR**

Cipher Composite Fund LP

(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 March 14, 2022, assigned Florida document number A22000000240, hereby submits this Certificate of Dissolution.

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

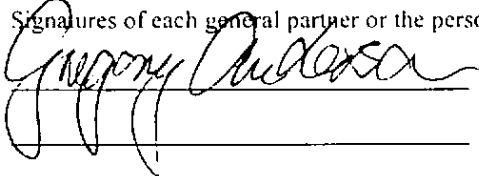
Completed and concluded the business reasons for which the partnership was formed.

**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.:

  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

2023 AUG 28 PM 12:40

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS