A22000000519

| (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: | | |
| | | |
| J DENNIS | | |
| JUN 2 3 2023 | | |
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Office Use Only



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COVER LETTER

| 10: Registration Section | | | |
|---|-------------------------------------|---|--|
| Division of Corporations | | | |
| Os Fellas SUBJECT: | | | |
| (Name of Florida Limit | ed Partnership or Limited Liability | Limited Partnership) | |
| The enclosed Certificate of Dissoluti Please return all correspondence con- Eder Santos | | itted for filing. | |
| 11 | Contact Person) | | |
| | | | |
| (| Firm/Company) | | |
| 52 Riley Rd #421 | | | |
| | (Address) | _ | |
| Celebration, FL 34747 | | | |
| (City, s | State and Zip Code) | _ | |
| For further information concerning the | his matter, please call: | | |
| Eder Santos | 407 at (| 429-8839 | |
| (Name of Contact Person) | (Area Code) | (Daytime Telephone Number) | |
| Enclosed is a check for the following | g amount: | | |
| S52.50 Filing Fee S61.25 Filing F and Certificate Status | | | |
| STREET ADDRESS: | MAIL | MAILING ADDRESS: | |
| Registration Section | | Registration Section | |
| Division of Corporations | | Division of Corporations | |
| Clifton Building 2661 Executive Center Circle | | P. O. Box 6327 Tallahassee, FL 32314 | |

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

.

| Os Fellas | |
|--|--|
| (Name of Florida Limited Partnership or | r Limited Liability Limited Partnership) |
| partnership or limited liability limit | n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 2022, assigned Florida, hereby submits this Certificate of |
| FIRST: Reason for dissolution: (S | State why partnership is submitting dissolution) |
| Incorrect type of business selected. Chang | ing to LLC. |
| | |
| | |
| SECOND: A Notice of Dissol (Check box if a | |
| Department of State.) | e than 90 days after the date this document is filed by the Florida s not meet the applicable statutory filing requirements, this date will |
| Signatures of each general partner or the p | erson appointed pursuant to s. 620.1803(3) or (4), F.S.: Eder M. Son tos Lauri Matos |
| Filing Fee: Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$52.50 \$8.75 |