A23000000011

(Requestor's Name)
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PICK-UP WAIT MAIL
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2024 APR 16 PH 1: 04



COVER LETTER

TO: Registration	Section		
Division of Corpora	itions		
Locker SUBJECT:	Ramos Agency LP		_ _ _
	(Name of Florida Limited Part	tnership or Limited Liability Limited Partnership)	
	respondence concern	nd fee(s) are submitted for filing. ing this matter to:	
	(Contac	rt Person)	
Locker Ramos Agency	LP		
	(Firm/C	Company)	
220 E. Central Parkway	y # 3020		2024
	(Add	ress)	APR
Altamonte Springs, FL	. 32701		
	(Cny, State a	nd Zip Code)	
For further informa	tion concerning this n	natter, please call:	2024 APR 16 PH 1: 04
Karen Cuzmar		407 919-9968 at ()	
(Name	of Contact Person)	(Area Code) (Daytime Telephone	Number)
Enclosed is a check	tor the following am	ount:	
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	and Certified Copy Certified	Filing Fee. d Copy, and ate of Status
STREET ADDRE Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations	MAILING ADDRESS Registration Section Division of Corporation P. O. Box 6327 Tallahassee, FL 32314	

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

Locker Ramos Agency LP	
(Name of Florida Limited Partnership or	Limited Liability Limited Partnership)
partnership or limited liability limite Florida Department of State on Febru	ded partnership, whose certificate was filed with the partnership, whose certificate was filed with the partnership, assigned Florida, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (St	tate why partnership is submitting dissolution)
No longer doing working together as partner	ers.
SECOND: A Notice of Dissolu (Check box if at	anched)
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block does not be listed as the document's effective da	e date of filing: April 1, 2024 than 90 days after the date this document is filed by the Florida? s not meet the applicable statutory filing requirements, this date will ate on the Department of State's records.
Signatures of each general partner or the pe	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$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: Locker Ramos Agency LP Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State) 220 E Central Parkway # 3020 Altamonte Springs, FL 32701 A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice. Signature of a general partner or a principal of the successor entity: Beau Locker Printed Name

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