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## **COVER LETTER**

TO: Reg	istration S	ection		
Division of	Corporati	ons		
SUBJECT:	SNOWY ACRES LIMITED PARTNERSHIP (Name of Florida Limited Partnership or Limited Liability Limited Partnership)			
	n all corre	ate of Dissolution a espondence concern .GO		tted for filing.
		(Contac	n Person)	
EAGLE RIDO	GE ERT LL	99 A		
		(Firm/C	'ompany)	
2591 N FORS	SYTH RD S	ТЕ В		
		(Add	ressi	
ORLANDO.	FL 32807			
		(City, State a	nd Zip Code)	
For further	informatic	on concerning this n	natter, please call:	
DENNIS ROEL SARMAGO			407 at (	3797879 )
•	(Name of	Contact Person)	(Area Code)	)(Daytune Telephone Number)
Enclosed is	a check fo	or the following am	ount:	
■\$52.50 Fili	ng Fee [	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing F and Certified Co	
STREET ADDRESS:		MAILI	NG ADDRESS:	
Registration Section			Registration Section	
Division of Corporations Clifton Building			Division of Corporations P. O. Box 6327	
2661 Executive Center Circle			Tallahassee, FL 32314	

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

## SNOWY ACRES LIMITED PARTNERSHIP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

	n 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the reh 1, 2023, assigned Florida, hereby submits this Certificate of
	State why partnership is submitting dissolution)
No suitable investment property found.	
SECOND: A Notice of Disso (Check box if a	
ZPILLIND	DECEMBER 31, 2023
Department of State )	e than 90 days after the date this document is fited by the Florida is not meet the applicable statutory filing requirements, this date will
Signatures of each general partner or the p	person appointed pursuant to s. 620.1803(3) or (4), F.S.:
Filing Fee:	\$52.50
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75
exteriorate or enatus (opinional).	ω3.8 a.7 · · · ·