## A 25269

(Re	equestor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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## COVER LETTER

TO: Registrati	on Section		
Division of Corpo	orations		
Subject: Subject:			_
	(Name of Florida Limited Par	rtnership or Limited Liability Limited Partnership)	
	tificate of Dissolution a correspondence concern	and fee(s) are submitted for filing.  sing this matter to:	_
	(Conta	ct Person)	•
Halperin Law Charte	ered		2011
	(Fim/	Company)	4. 园
1601 Forum Pl Suit	e 500		MILLER IT A 1 3
		tress)	· > >
West Palm Beach, F	L 33401		
	(City, State a	and Zip Code)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
For further inform	nation concerning this r	natter, please call:	
Ellie Halperin		at ()  (Area Code) (Daytime Telephone Number)	_
(Na	me of Contact Person)	(Area Code) (Daytime Telephone Number)	}
Enclosed is a che	ck for the following am	ount:	
\$52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy Certificate of S	, and
STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  MAILING ADDRESS:  Registration Section  Division of Corporations  P. O. Box 6327  Tallahassee, FL 32314			

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

Savage boulevard Associates, Ltd.
(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 September 29, 1987, assigned Florida document number A25269, hereby submits this Certificate of Dissolution.
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
General and limited partners have elected to dissolve the partnership
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) Fer (4), F.S.:  By  Tymothy Slater President
Filing Fee: \$52.50 Certified Conv (ontional): \$52.50

\$8.75

Certificate of Status (optional):

## 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: Savage Boulevard Associates, Ltd.		
Description of information that must be incluname, address, phone, and email of the claimant, the	date the claim arose together with documentary	
evidence of the claim	2018 1	
	Alla	
Mailing address where claims can be sent: 10	laims cannot be sent to the Florida Department of State.)	
Elwill Savage, Inc. 319 Monroe Drive West Palm Be	each, FL 33405	
	0	
A claim against the above named limited par will be barred unless a proceeding to enforce 4 years after the filing of the notice.	tnership or limited liability limited partnership the claim is commenced within	
Signature of a general partner or a principal of	of the successor entity:	
Elwill Savage, Inc., GP by Timonthy Slater,		
Printed Name	Signature	

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