

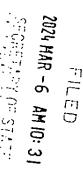
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(Document Number)					
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Special Instructions to Filing Officer:					
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## **COVER LETTER**

Division of Corporations
Growth Management Enterprises, LTD
(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:  Jeanette E Kriz
(Contact Person)
Growth Management Enterprises, LTD
(Firm/Company)
15332 Wind Whisper Drive
(Address)
Odessa, Florida 33556
(City, State and Zip Code)
For further information concerning this matter, please call:
Francis K Kriz 813 690-9599at ()
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
S52.50 Filing Fee S105.00 Filing Fee and Certificate of and Certified Copy Status  S113.75 Filing Fee Certified Copy Certificate of Status

STREET ADDRESS:

TO: Registration Section

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

## CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Partnership or	Limited Liabili	ity Limited Partnership	))
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on A29598 Dissolution.	ed <mark>partnershi</mark> j March 1, 2024	o, whose certificate	was filed with the assigned Florida
FIRST: Reason for dissolution: (S	State why part	mership is submitti	ing dissolution)
Partners have mutually agreed to dissolv	e the partnership	p	2024 HAR -6 A SECRETARY OF
SECOND: A Notice of Dissol (Check box if a		hed.	H 10: 31
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 date.	e than 90 days a s not meet the a	pplicable statutory filis	ment is filed by the Florida
Signatures of each general partner or the p	erson appointed	pursuant to s. 620.180	03(3) or (4), F.S.:
Genette Physiothy	7) 42) -		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		