A30974

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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JUL 1 0 2020 S. YOUNG

COVER LETTER

TO: Registration Section

Division of Corpora	itions		
SUBJECT: LAGNI	APPE GROUP LIMITED		Limited Partnership)
	icate of Dissolution a respondence concerni		tted for filing.
	(Contac	et Person)	
	(Firm/C	Company)	.
3750 BOBBIN BROOF	COURT, COURT		
	(Addr	Lezz)	
TALLAHASSEE, FLO	RIDA 32312-1200		
	(City, State ar	nd Zip Code)	
For further informat	tion concerning this m	natter, please call:	
ELIZABETH C LEWIS		at (850-	907-0401
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check	for the following amo	ount:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing F and Certified Co	
STREET ADDRES Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	Registra Division P. O. Be	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

LAGNIAPPE GROUP LIMITED					
(Name of Florida Limited Partnership o	r Limited Liabil	ity Limited Partnership)			
Pursuant to the provisions of sectio partnership or limited liability limit Florida Department of State on Dedocument number A30974 Dissolution.	ed partnershi cember 21, 199	p, whose certificate w	vas filed with issigned Flor	h the	
FIRST: Reason for dissolution: (S	State why par	tnership is submitting	g dissolution))	
The partnership has sold all it's assets and	so there is no lo	nger a need for the partne	ership to contin	iuc.	
					
SECOND: A Notice of Disso (Check box if a		hed.			
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	fter the date this document opticable statutory filing i			
Signatures of each general partner or the p	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			2820	
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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:
LAGNIAPPE GROUP LIMITED

Description of information that must be included in a claim:
The nature of the claim, the services provided and the dates relevant to the claim

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

3750 Bobbin Brook Court

Tallahassee, Fl 32312-1200

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:

ELIZABETH C LEWIS

Printed Name

Signature

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