

A94 000001736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

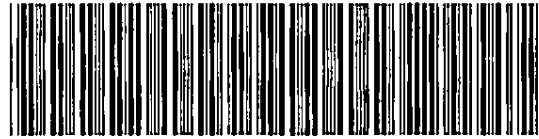
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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APR 30 2021

05/03/21--01002--024 **52.50

2021 APR 30 AM 10:19

O SIMMONS
JUN 21 2021

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Festa Partnership 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:

Andrea Festa-Clark

(Contact Person)

Festa Partnership LTD

(Firm/Company)

407 SE 13th Ave

(Address)

Cape Coral, FL 33990

(City, State and Zip Code)

For further information concerning this matter, please call:

Andrea Festa-Clark

(Name of Contact Person)

at (954)

(Area Code)

675-1803

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

222 APR 30 AM 10:18

**CERTIFICATE OF DISSOLUTION
FOR**

Festa Partnership 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 2/5/1994, assigned Florida document number A94000001736, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

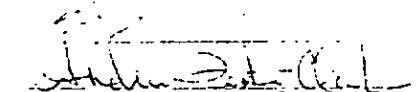
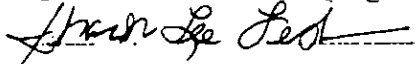
Cessation of business activities and consent to dissolution of partners

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: 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. 620.1403, or (4), F.S.:

Bryan Festa

Andrea Festa-Clerk

Sharon Lee Festa

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75