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(Requestor's Name)				
(Address)	_			
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				
<u> </u>				

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COVER LETTER

TO: Registration	Section		
Division of Corpora	ations		
SUBJECT: Combee	ewood, Lid , (Name of Florida Limited Par	rtnership or Limited Liability Limited Partnership)	
	icate of Dissolution a respondence concern	and fee(s) are submitted for filing. sing this matter to:	
	(Conta	et Person)	
Gator Realty of Polk			~
-	(Firm/	Company)	
2933 South Florida Avo	e #6		2024 HAY -7 AH 10: 56
	(Add	lress)	· - '8
Lakeland, FL 33803			会に、
	(City, State a	and Zip Code)	777 56
For further information	tion concerning this r	natter, please call:	; ·
Robert Scharar		at (
(Name o	of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check	for the following am	ount;	
S52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy Certificate of Sta	and
STREET ADDRES Registration Section Division of Corpora Clifton Building 2661 Executive Cen	nations	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

Combeewood, Ltd.		
(Name of Florida Limited Partnership o	r Limited Liability Limited Partnership)	
	n 620.1203, Florida Statutes, this Floried partnership, whose certificate was f 3/1995, assignment, hereby submits this Certific	iled with the ned Florida
FIRST: Reason for dissolution: (S	State why partnership is submitting dis-	solution)
Discontinued business		
		202
		2024 HAY
SECOND: A Notice of Disso (Check box if a		(-7 AM 10: 56
Department of State.)	e than 90 days after the date this document is f s not meet the applicable statutory filing requir	iled by the Florida
Signatures of each general partner or the punities investment his log to y is sold on f	erson appointed pursuant to s. 620.1803(3) or e	(4), F.S.:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	

TITO

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.

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: Combeewood, Ltd. Description of information that must be included in a claim: Written support for the claim sufficient to establish the facts under which the claim arose, the amount of the claim, the date the claim arose, the name, addresss and phone number of the claimant, and otherinformation sufficient to establish the legitiamcy of the claim Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) Combeewood Ltd. 2933 South Florida Ave. # 6 Lakeland, FL 33803 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: United Investment Inc by Tom E Scharar, Pr Printed Name Signature

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