195000001416

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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12/10/15--01013--008 **52.50

2015 DEC 10 PM 3: 38

K.SALY EXAMINER DEC 14 2015

COVER LETTER

Division of C			
SUBJECT: GOT	rAN Family Lin	n, Ted ParTrevship ip or Limited Liability Limi	,
(Name of	Florida Limited Partnersh	ip or Limited Liability Lim	ted Partnership)
The enclosed Certifi	cate of Dissolution an	d fee(s) are submitted	for filing.
Please return all corr	respondence concerni	ng this matter to:	
Jody ,	A. GOSSAN (Contact Person)		
,	(Contact Person)		
Gorran	J Enterprises In (Firm/Company)	<u>C</u>	
	(Firm/Company)		
10618	Whitewind Civ	rcle	
	(Address)		
Boyin	TON Beach, FL	- 33473	
10618 Wh. Teward Circle (Address) Boyinton Beach, FL 33473 (City, State and Zip Code)			
For further informat	ion concerning this ma	atter, please call:	
Jody A	CorrAN	at (C/a)	302-66++
(Name of Cont	act Person)	(Area Code and D	302-6674 Paytime Telephone Number)
	for the following amo		
\$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 ADDRES	SS:	MAILING	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327 Tallahassee, FL 32314	
2661 Executive Cen Tallahassee, FL 323		rallahassee,	FL 32314
Tananassee, FL 323	101		

CERTIFICATE OF DISSOLUTION

•	CATE OF DISSOLUTION FOR	PA 3: 3
Gorran Family L	Imited Partnershi	PM 3: 3. ed Partnership) LLAHASSEE, FLORIDA is Florida limited
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on <u>Dec</u> document number <u>A 95000001</u> Dissolution.	ember 7, 2015	nis Florida limited te was filed with the _, assigned Florida
FIRST: Reason for dissolution: (Sta	ate why partnership is submit	ting dissolution)
_ When The partnership	was formed in 19	95, ITS Term
When The partnership would continue unt	Til Nerember 31,21	15 unless Yerminated
Soonen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SECOND: A Notice of Dissolu (Check box if attacl		
THIRD: Effective date, if other than the da		<u>1, 2015</u> .
(Effective date cannot be prior to nor more t Department of State.)	han 90 days after the date this doc	ument is filed by the Florida
Signatures of each general partner or s. 620.1803(3) or (4), F.S.:	the person appointed pursuan	nt to
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	