## A96000000012

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CF-52.55

M. MILLIGAN EXAMINER

JUN 29

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Partington Family Limited Partnership No. 2					
Name of Florida Limited Partne	ership or Limited Liability Limited Partnership				
The enclosed Certificate of Revocation of	Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concernir	ng this matter to:				
Kimberly Kirk					
Contact Person					
Reynolds, Rappaport, Kaplan & Ha	ackney, LLC				
Firm/Company					
106 Cooke Street, P.O. Box	2540				
Address					
Edgartown, MA 02539					
City, State and Zip Code	<u></u>				
kkirk@rrklaw.ne E-mail address: (to be used for future annual					
·					
For further information concerning this ma	atter, please call:				
Kimberly Kirk	at (508)627-3711				
Name of Contact Person	Area Code and Daytime Telephone Number				
Enclosed is a check for the following amo	unt:				
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status				
STREET ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327				
2661 Executive Center Circle	Tallahassee, FL 32314				
Tallahassee, FL 32301	•				

Certificate of Status (optional):

## CERTIFICATE OF REVOCATION OF DISSOLUTION FOR



Partington Family Limited Partnership No. 2
Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:					
April 20, 2016					
SECOND: The revocation of dissolution was authorized in the same manner as the dissolution.					
THIRD: The revocation of dissolution was authorized on:					
June 10, 2016					
FOURTH: Attached is a copy of the certificate of dissolution.  FIFTH: Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florid Department of State.)					
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:  Filing Fee:  \$52.50					
Certified Conv (ontional): \$52.50					

\$ 8.75

## CERTIFICATE OF DISSOLUTION FOR

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Partington Family Limited P	artnershir artnership or Li	No. 2 mited 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 01/02/1006 p., assigned Florida document number A96000000012 p., hereby submits this Certificate of Dissolution.							
FIRST: Reason for dissolution: (S	state why pai	rtnership is submitti	ng dissolution)				
The partnership no longer holds any as	isets.		<del></del>	-			
				_			
				-			
				_			
SECOND: A Notice of Disso (Check box if atta	ched.)						
(Effective date cannot be prior to nor more Department of State.)	e than 90 days	after the date this docur	nent is filed by the Florida	,			
Signatures of each general partner of s. 620 1803(3) or (4), F.S.:	or the person	Appointed pursuant		<u>_</u>			
	_		201	-			
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		IE APR 20 A THE TARY OF ARRANSSEELF	E ED			
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