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Florida Department of State
Division of Corporations
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(((H24000151346 3)))



H240001513463ABC-

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE AXMAN LAW FIRM
Account Number : I20110000072
Phone : (786)802-0003
Fax Number : (786)558-9806

DISS/TERM/CANCEL/REV OF LP/LLP
GRAY WILLOWS FARM LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

2024 APR 23 11:11:09

Electronic Filing Menu

Corporate Filing Menu

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T. LEMIEUX
APR 26 2024

COVER LETTER

(((H24000151346 3)))

TO: - Registration Section
Division of Corporations

SUBJECT: Gray Willows Farm Limited Partnership
(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:
Michael Axman, Esq.

(Contact Person)

The Axman Law Firm

(Firm/Company)

866 S Dixie Hwy

(Address)

Coral Gables, FL 33146

(City, State and Zip Code)

For further information concerning this matter, please call:

Michael Axman

at

786

802.-0003

(Name of Contact Person)

(Area Code)

(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

(((H24000151346 3)))

CERTIFICATE OF DISSOLUTION FOR

(((H24000151348 3)))

Gray Willows Farm Limited Partnership(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 2/10/1997, assigned Florida document number A97000000389, hereby submits this Certificate of Dissolution.

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

Voluntary dissolution of the limited partnership by agreement pursuant to Article III and Article XVI of the
Limited Partnership Agreement

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

THIRD: 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 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. 620.1203(3) or (4), F.S.:

Maquinga Reed, Jr., GP
Paul B. Reed, Jr., GP

Filing Fee: \$92.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

2021 MAR 23 AM 11:09

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