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(Requestor's Name)			
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## **COVER LETTER**

TO: Registration	n Section		
Division of Corpor	ations		
SUBJECT: Farrey	Group.LTD (Name of Florida Limited Par	rtnership or Limited Liability Limited Partnership)	-
	ficate of Dissolution a rrespondence concern	and fee(s) are submitted for filing.	_
	(Conta	ct Person)	-
Cherry Bekaert			·-
	(Firme	Company)	
200 East Broward Blv	d. STE 2000		
	(Add	iress)	-
Fort Lauderdale, FL 3	3301		202:
	(City, State a	nd Zip Code)	2 JE
For further informa	ation concerning this r	natter, please call:	22 22
Craig Engel		954 295-8594 at ()	<u></u> 
(Name	of Contact Person)	(Area Code) (Daytime Telephone Number)	17
Enclosed is a check	c for the following am	ount:	
S52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certificate of S	, and
STREET ADDRE Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

Farrey Group, LTD		
(Name of Florida Limited Partnership or	Limited Liability Limited Partnership)	
partnership or limited liability limite Florida Department of State on 04/18	n 620.1203. Florida Statutes, this Florida II ed partnership, whose certificate was filed 8/1997, assigned, hereby submits this Certificate of	with the Florida
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolu	tion)
Partnership distributed all assets and cease	ed all operations on December 31, 2021	
SECOND: A Notice of Dissolution is attached.  (Check box if attached.)		
Department of State)	s not meet the applicable statutory filing requirement	•
		• •
Signatures of each general partner or the polynomial for the polynomia	erson appointed pursuant to s. 620.1803(3) or (4), l	F.S.:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	