## A97-000001821

(Requestor's Name)
(Address)
(Address)
,
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2024 AUG 20 AM 9: 47 SECRETARY OF STATE

## CERTIFICATE OF DISSOLUTION FOR

Runnymede, Ltd				
(Name of Florida Limited Partnership of	or Limited Liabil	ity Limited Partnership)		
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on Aug document number A97000001821 Dissolution.	ted partnershi just 22, 1997	p. whose certificate was fil	ed with the ed Florida	
FIRST: Reason for dissolution: (	State why par	mership is submitting disso	olution)	
All assets distributed to partners. Inactive	e entity.			
			CRI	
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SECOND: A Notice of Disso (Check box if a		hed.	AM 9: 47 OF STATE COPY	
<b>THIRD:</b> Effective date, if other than the (Effective date cannot be prior to nor mor Department of State.)  Note: If the date inserted in this block does not be listed as the document's effective d	e than 90 days a es not meet the a	oplicable statutory filing require		
Signatures of each general partner or the p	oerson annointed	nursuant to \$ 620 1803(3) or (4	) FS:	
Sent William CP		Scott Williams, GP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Janiellains Crok, GP		Jan Williams Cook, GP		
Mary ann Williams	_Trailei	Mary Ann Williams, Trus	stee, GP	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	Printed Names abo		

## NOTICE OF DISSOLUTION FOR

• 4

## 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.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or I Runnymede, Ltd.	Limited Liability Limite	ed Partnership:	
Description of information that must be incl Documentary evidence supporting claim.	luded in a claim:	SECRETAR SECRETAR SECRETAR	2d
		STATE	ED 9: 47
Mailing address where claims can be sent:	Claims cannot be sent to the Florid	a Department of State.)	
Winston-Salem, N.C. 27104			
A claim against the above named limited pawill be barred unless a proceeding to enforced years after the filing of the notice.	rtnership or limited liab e the claim is commenc	ility limited partners ed within	ship
Signature of a general partner or a principal	of the successor entity:		
Scott Robert Williams	Sitt Rolling	+ Williams	
Printed Name	Sign	nature	

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