

A9900000516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

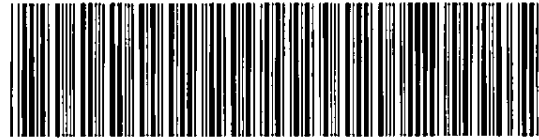
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500441588845

S. CHATZALIS 12/27/24 01027 021
JUL 17 2025

12/27/24--01027--021 **35.00

07/17/25--01010--001 **17.50

FILED
2024 DEC -8 PM 12:13
TALLAHASSEE, FL



Jeffrey C. Shannon P.A.
2025 E. 7th Ave.
Tampa, FL 33605
(813) 906-6450
jshannon@jcshannonpa.com

July 16, 2025

VIA FED EX PERSONAL & CONFIDENTIAL

Attn: SUMMER CHATHAM

Division of Corporations
2415 N Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Certificate of Dissolution for Clyde FLP, Ltd./A9900000516 ("Clyde")

Dear Summer:

In connection with our prior correspondence regarding the dissolution with Clyde, please find enclosing the following:

1. Executed Statement of Termination for Clyde;
2. Check #3219 in the amount of \$17.50.

Please date the dissolution as of December 13, 2024 as requested on the original dissolution submitted in December 2024. I trust you will find all in order, please feel free to contact me if you have any questions, or need anything further regarding this matter. Otherwise, please notify me the dissolution has been processed and filed via email to edenison@jcshannonpa.com

Sincerely,

JEFFREY C. SHANNON P.A.

Emily Denison

/ed
Enclosures

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Clyde FLP, LTD

(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:

Jeffrey C Shannon

(Contact Person)

Jeffrey C Shannon P.A.

(Firm/Company)

2024 E 7th Avenue

(Address)

Tampa, FL 33605

(City, State and Zip Code)

For further information concerning this matter, please call:

Jeffrey C Shannon

813

906-6450

(Name of Contact Person)

at (

(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

**CERTIFICATE OF DISSOLUTION
FOR**

Clyde FLP, LTD

(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 March 31, 1999, assigned Florida document number A99000000516, hereby submits this Certificate of Dissolution.

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

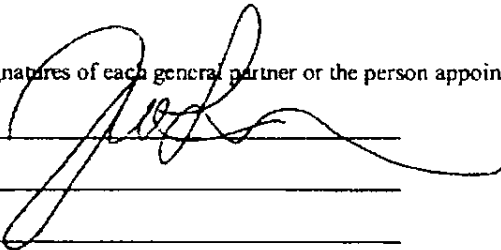
Entity no longer has assets or conducts business.

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

THIRD: Effective date, if other than the date of filing: 12/27/2024
(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. 620.1803(3) or (4), F.S.:



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2024 DEC -8 PM 12:13
TALLAHASSEE, FL

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