

A14000000003



400423179964

(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.
J. HORNE
JUN 21 2024

Office Use Only

RECEIVED
JUN 20 2024
PM 2:56
STATE OF MISSISSIPPI
RECORDS & ADMINISTRATION

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Arbow Enterprises, LLLP

Please Debit FCA000000003 For: 52.50

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARBOW ENTERPRISES, LLLP

(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:
STEPHANIE MURPHY

(Contact Person)

HARDING BELL INTERNATIONAL, INC

(Firm/Company)

113 PONTOTOC PLAZA

(Address)

AUBURNDALE, FL 33853

(City, State and Zip Code)

For further information concerning this matter, please call:

STEPHANIE MURPHY at (863) 968-1010 EXT 403

(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

**CERTIFICATE OF DISSOLUTION
FOR**

FILED
2024 JUN 30 11 9:37

ARBOW ENTERPRISES, LLLP

(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 12/05/2011, assigned Florida document number A14000000003, hereby submits this Certificate of Dissolution.

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

ALL OF PARTNERSHIP'S BUSINESS ACTIVITIES HAVE CEASED; ALL LIABILITIES HAVE BEEN PAID; ALL PARTNERS HAVE ELECTED TO DISSOLVE THE PARTNERSHIP.

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. 620.1803(3) or (4), F.S.:

/s/ Henry Dimmer
/s/ Henry Dimmer for
8045330 Canada, Inc.

/s/ Theresa Dimmer

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

**NOTICE OF DISSOLUTION
FOR
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 Limited Liability Limited Partnership:
ARROW ENTERPRISES, LLLP

Description of information that must be included in a claim:

A detailed explanation of the claim including all facts and circumstances relating to said claim as well as
any evidence providing for the validity of the claim. Additionally, it must be stated if the claim is
admitted or not admitted, in whole or in part, and the relative amounts associated with such assertions.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

89 DIANA GRACE AVENUE, DARTMOUTH NS B2W 6A2

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

HENRY DIMMER

Printed Name



Signature

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

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