

5/3/23, 3:37 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

A18000000222

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001663373)))



H230001663373ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From:  
 Account Name : Vcorp SERVICES, LLC  
 Account Number : 120080000067  
 Phone : (845)425-0077  
 Fax Number : (845)818-3588

**DISS/TERM/CANCEL/REV OF LP/LLP  
T.A.I I LP**

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

2023 MAY -3 PM 5:35

APPROVED AND FILED

RECEIVED  
 DIVISION OF CORPORATIONS  
 MAY 3 2023

[Electronic Filing Menu](#)   
 [Corporate Filing Menu](#)   
 [Help](#)

MAY 03 2023

C. Brumbach

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T.A.J.I LP
(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:
ANASTASIA DEGROAT

(Contact Person)

VCORP AGENT SERVICES, INC.
(Firm Company)

25 ROBERT PITT DRIVE SUITE 204
(Address)

MONSEY, NY 10952
(City, State and Zip Code)

For further information concerning this matter, please call:

ANASTASIA DEGROAT at (845) 5173900
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- Checked box: \$52.50 Filing Fee
Other boxes: \$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

T.A.I I LP

(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 05/30/2018, assigned Florida document number A1800000222, hereby submits this Certificate of Dissolution.

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

END OF ACTIVITY

**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.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

2023 MAY -3 PM 5:35

AND  
FILED

**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:  
T.A.I.I LP

Description of information that must be included in a claim:

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

Alona Davidai

1820 E Warm Springs Rd Suite 100

Las Vegas, NV 89119

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:

Alona Davidai

Printed Name

Signature

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