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DAVID GERSHMAN

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Division of Corporations

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A25639

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : TRIVEST SERVICE CORPORATION
Account Number : I20020000111
Phone : (305) 859-2200
Fax Number : (305) 858-1629

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DISS/TERM/CANCEL/REV OF LP/LLP

TRIVEST FUND I, LTD.

Certificate of Status	0
Certified Copy	0
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EXAMINER

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CERTIFICATE OF DISSOLUTION
FOR

TRIVEST FUND I, 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 December 18, 1987, assigned Florida document number A25639, hereby submits this Certificate of Dissolution.

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

CEASED DOING BUSINESS.

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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

By: Trivest 1988 Fund Managers, Ltd., its general partnerBy: Trivest Group, Inc., its general partnerBy: David Gershman, Principal

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

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