

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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**L. SELLERS**

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**EXAMINER**

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SECRETARY OF STATE  
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To:

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

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE  
Account Number : 072731001155  
Phone : (813)253-2020  
Fax Number : (813)251-6711

**DISS/TERM/CANCEL/REV OF LP/LLP****ENTERPRISE TITLE AFFILIATES OF FLORIDA, LLLP**

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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 The secondary author  
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## Corporate Filing Menu

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**CERTIFICATE OF DISSOLUTION  
FOR****ENTERPRISE TITLE AFFILIATES OF FLORIDA, 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 02/16/2000, assigned Florida document number A00000000290, hereby submits this Certificate of Dissolution.

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

By consent of all the general partners and all of the limited partners of Enterprise Title

Affiliates of Florida, LLLP.

**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.:

Enterprise Title Affiliates of Florida, LLLP

By: Phillip W. Clark

Its: President

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

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**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:

ENTERPRISE TITLE AFFILIATES OF FLORIDA, LLLP

Description of information that must be included in a claim:

1- Basis of the claim.

2- Date and amount of claim.

3- Supporting documentation.

4- Contact name, address, and telephone number.

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

Enterprise Title Affiliates, Inc.

15310 Amberly Drive, Suite 300

Tampa, FL 33647

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:

Phillip W. Clark, President of General Partner

Printed Name

Signature

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

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