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COVER LETTER

TO: Registration S Division of Co						
SUBJECT: Presidential Capital Partners, LLP (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 corre	espondence concerning	g this matter to:				
Richard M	(Contact Person)					
	(Firm/Company)					
120. Box c	180700 (Address) L'dule, FL 3?					
Fort Lande	vdule, FL 3?	s348				
(0	City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·				
For further information concerning this matter, please call:						
Debby 6r	ren	at (754) 70	aytime Telephone Number)			
(Name of Conta	ct Person)	(Area Code and Da	aytime Telephone Number)			
Enclosed is a check for	or the following amou	nt:				
☑ \$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 Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	MAILING A Registration of C Division of C P. O. Box 63 Tallahassee,	Section Corporations 27			

CERTIFICATE OF DISSOLUTION FOR

Presidental Capital	Partners.	, LLLP		
Presidental Cacital (Name of Florida Limited Pa	artnership or Li	mited Liability Limited Partners	nip)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number	ed partnershi	ip, whose certificate was file	ed with the ed Florida	
FIRST: Reason for dissolution: (S	State why pai	rtnership is submitting disso	olution)	
the princip is no	longer a	the sunding +	o all	
assairs.				
SECOND: A Notice of Disso (Check box if atta		ched.		
THIRD: Effective date, if other than the o	date of filing:_	12/31/2015	·	
(Effective date cannot be prior to nor more Department of State.)	e than 90 days o	after the date this document is file	ed by the Florida	
Signatures of each general partner of s. 620,1803(3) or (4), F.S.:	or the person	appointed pursuant to		
() / halle	_	Richard D Mo David LEpster	nde	
Mil	_	David LEpster	622	
			<u> </u>	The second
Filing Fee:	\$52.50		TARY JASSE	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		F 70	F 1 1
or states (optional).	<i>40110</i>		3: OL STATE	