

A01000000739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

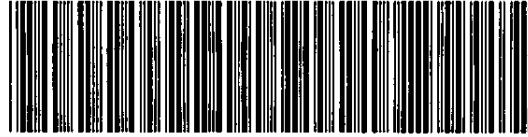
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY
TALLAHASSEE, FLORIDA

dissolution

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affiliated Title of Tampa Bay, 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:

Leonard Vandermast
(Contact Person)

United Settlement Service Affiliates, Inc.
(Firm/Company)

431 Apollo Beach Blvd
(Address)

Apollo Beach, FL 33572
(City, State and Zip Code)

For further information concerning this matter, please call:

Leonard Vandermast at (813) 645-4588
(Name of Contact Person) (Area Code and 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

SECRET
TALLAHASSEE, FL
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**CERTIFICATE OF DISSOLUTION
FOR**

Affiliated Title of Tampa Bay, 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 5/23/2001, assigned Florida document number A0100000739, hereby submits this Certificate of Dissolution.

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

Company ceased business activity 2013.

SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: 12/31/2014

(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.:

Leonard Vandermant

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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:

Affiliated Title of Tampa Bay, LLLP

Description of information that must be included in a claim:

File Number _____

Property Address _____

Contact Information _____

Nature of complaint and date of occurrence _____

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

United Title Affiliates, Inc. 431 Apollo Beach Blvd. Apollo Beach, FL 33572

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:

Leonard Vandermast

Printed Name



Signature

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

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15 MAR 20 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA