

A01000001010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

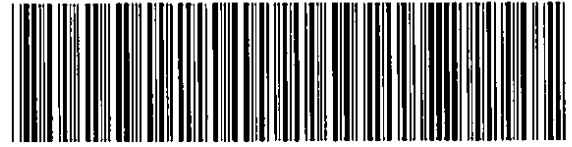
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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07/07/23--01003--011 \*\*27.50

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06/05/23--01026--003 \*\*25.00

APPROVED  
AND  
FILED  
2023 JUL - 7 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7-7-23

Kyle Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2023

MICHAEL SWEET  
13555 BISHOPD CT., STE. 345  
BROOKFIELD, WI 53005

SUBJECT: DECADE TAMPA OFFICE PARTNERS LIMITED PARTNERSHIP  
Ref. Number: A01000001010

We have received your document for DECADE TAMPA OFFICE PARTNERS LIMITED PARTNERSHIP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you have submitted is incorrect. Please fill out the enclosed form and return with an additional \$27.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 523A00013188

**RECEIVED**  
JUN 26 2023

## COVER LETTER

**TO:** Registration Section

Division of Corporations

**SUBJECT:** DECADE TAMPA OFFICE PARTNERS LIMITED PARTNERSHIP

(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:

MICHAEL SWEET

(Contact Person)

DECADE COMPANIES

(Firm/Company)

13555 BISHOPS COURT, SUITE 345

(Address)

BROOKFIELD, WI 53005

(City, State and Zip Code)

For further information concerning this matter, please call:

MICHAEL SWEET

at (

262

797-9215

(Name of Contact Person)

(Area Code)

(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

*\$25.00 submitted 05/17/2023 #472452*  
*\$27.50 due*

**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**

DECADE TAMPA OFFICE PARTNERS LIMITED PARTNERSHIP

(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 JULY 25, 2001, assigned Florida document number A01000001010, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)  
ASSETS SOLD AND BUSINESS TERMINATED.

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

**THIRD:** Effective date, if other than the date of filing: JUNE 26, 2023  
(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 JUL - 7 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
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:  
DECADE TAMPA OFFICE PARTNERS LIMITED PARTNERSHIP

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Description of information that must be included in a claim:

NAME, ADDRESS, EMAIL, PHONE NUMBER OF PARTY MAKING CLAIM.

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THE DEBT, TRANSACTION OR INCIDENT THAT RESULTED IN THIS CLAIM.

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TOTAL DOLLAR AMOUNT OF THE AMOUNT OF THE CLAIM.

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

13555 BISHOPS COURT, SUITE 345

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BROOKFIELD, WI 53005

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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:

JK INVESTMENTS OF CLEARWATER INC

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By: Printed Name  
Michael Sweet



Signature

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