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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	Mail Mail
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(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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## **COVER LETTER**

Division of Corporations
SUBJECT: EAGLE TITLE of SW FLOWSA, 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:
JARRELL BRITTS (Contact Person)
EAGLE TITLE & ABSTRACT (Firm/Company)
5020 CENTRAL AUE
57: PETE, R 33767
(City, State and Zip Code)
For further information concerning this matter, please call:
TARRELL PRITTS at (727 ) 777002/ X / 0 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee
STREET ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

EAGLE TITLE of SW FLORIDA, CLLP		
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)	<u> </u>	
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 05/21/04, hereby submits this Certificate of Dissolution.	• • •	
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)  CANSISHIP NO CONSER INTERESTED IN PAUTHUSUIPS		
CUNSASTITO NO CONGER TOTELESTED TO THEIT OBDIES		<u> </u>
AS SET UP.		
	**	
the second of th	<u> </u>	÷ .
SECOND: A Notice of Dissolution is attached.  (Check box if attached.)  THIRD: Effective date, if other than the date of filling.	SECRETAR PIVISION OF S	
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)	ED OF STATE	
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:	<del>z</del> '''	
- Ages Potts GENTANA		
	<u> </u>	, <u>d</u>
	- B	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75		