

AD2000001705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

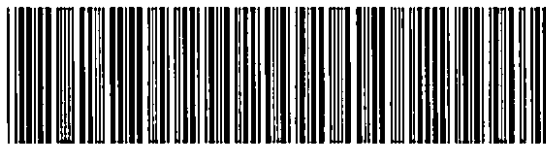
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/18/18--01002--030 \*\*105.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
SEP 22 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TSCPR WG Partnership #1, Ltd.  
(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:

Heather Cook  
(Contact Person)  
The Sembler Company  
(Firm/Company)  
5858 Central Avenue  
(Address)  
St. Petersburg, FL 33707-1728  
(City, State and Zip Code)

For further information concerning this matter, please call:

Heather Cook at ( 727 ) 384-6000, Ext. 3083  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input checked="" type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee<br>Certified Copy, and<br>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

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR**

TSCPR WG Partnership #1, Ltd.

(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 12/23/2002, assigned Florida document number A02000001705, hereby submits this Certificate of Dissolution.

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

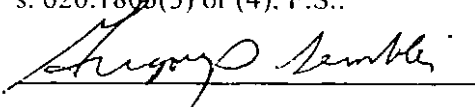
No Longer Doing Business

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

**THIRD:** Effective date, if other than the date of filing: 09/31/2018

(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.:



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

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