

AD3000001275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

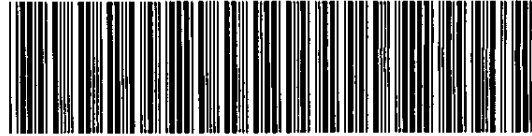
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUL 15 P 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 07/30/15

JUL 16 2015

BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CS Porter 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:

Paul C. Jensen
(Contact Person)

Paul C. Jensen Attorney At Law, L.L.C.
(Firm/Company)

2001 16th Street North
(Address)

Saint Petersburg, FL 33704
(City, State and Zip Code)

For further information concerning this matter, please call:

Paul C. Jensen at (727) 825-0099
(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 checked="" type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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

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2015 JUN 15 PM 1:00
TALLAHASSEE, FL
SECRETARY OF STATE

**CERTIFICATE OF DISSOLUTION
FOR**

CS Porter 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 August 27, 2003, assigned Florida document number A03000001275, hereby submits this Certificate of Dissolution.

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

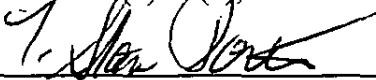
Vote of General Partner pursuant to partnership agreement.

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

THIRD: Effective date, if other than the date of filing: Jul 30, 2015

(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.:



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2015 JUL 15 P 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE 07/30/15