

A05000000368

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TSCPR FAMILY PARTNERSHIP #8, LTD., S.E.
(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:

- | | | | |
|---|---|---|---|
| ☐ \$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

**CERTIFICATE OF DISSOLUTION
FOR**

TSCPR FAMILY PARTNERSHIP #8, LTD., S.E.

(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 02/17/2005, assigned Florida document number A05000000368, 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: _____

(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.:

Tracy Semble

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

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Partnership**

TSCPR FAMILY PARTNERSHIP #8, LTD., S.E.

Filing Information

Document Number A05000000368
FEI/EIN Number 20-2355050
Date Filed 02/17/2005
State FL
Status ACTIVE

Principal Address

5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Mailing Address

5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Registered Agent Name & Address

SEMBLER, GREGORY S
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

General Partner Detail**Name & Address**

Document Number P97000081031

TSCPR FLORIDA, INC.
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Annual Reports

Report Year	Filed Date
2013	05/01/2013
2014	04/29/2014
2015	02/19/2015

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State of Florida, Department of State