

#A05000000950

(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



000269829340

EFFECTIVE DATE
3-31-2015

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 MAR 31 AM 10:48
NOTIFIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 MAR 31 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR -1 2015

file second
*do not separate
please x

ACCOUNT NO. : I20000000195

REFERENCE : 569745 7263137

AUTHORIZATION :

COST LIMIT :

\$52.50

ORDER DATE : March 30, 2015

ORDER TIME : 4:36 PM

ORDER NO. : 569745-035

CUSTOMER NO: 7263137

FOREIGN FILINGS

NAME: FALCON CARLYLE PARTNERS, LLLP

☐ CORPORATE
☒ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Falcon Carlyle Partners, 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:

David A. Hill
(Contact Person)

Falcon Carlyle Partners, LLLP
(Firm/Company)

5005 LBJ Freeway, Suite 333
(Address)

Dallas, TX 75244-6111
(City, State and Zip Code)

For further information concerning this matter, please call:

Angie Bleckner at (972) 934-2375
(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
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

EFFECTIVE DATE
3-31-2015

CERTIFICATE OF DISSOLUTION
FOR

FILED
2015 MAR 31 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Falcon Carlyle Partners, LLLP

(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 May 12 2005, assigned Florida document number A05000000950, hereby submits this Certificate of Dissolution.

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

The limited liability limited partnership has no assets and has ceased

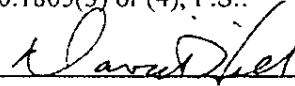
transacting business.

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

THIRD: Effective date, if other than the date of filing: March 31, 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.:



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