## A06000000962

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	·#\		
(C.	yr outer Elpri Hollo	,		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SLOGGIANG OF STATE
ALLAHASSEE, FLORIDA

APR - 4 2014 T BROWN

## **COVER LETTER**

TO: Registration Division of O				
SUBJECT: TFG	Jacksonville III, L	P ip or Limited Liability Limi	ted Partnership)	
The enclosed Certifi	cate of Dissolution an	d fee(s) are submitted f	for filing.	
Please return all cor	respondence concernir	ng this matter to:		
Dennis H. Blackinton				
	(Contact Person)			
The Finch Group				
	(Firm/Company)			
6111 Broken Sound F	arkway NW, Suite 150			
OTT DIGITOR OF COURTS	(Address)			
	,			
Boca Raton, FL 3348				
(	City, State and Zip Code)			
For further informat	ion concerning this ma	atter, please call:		
Dennis H. Blackinton		at ( 561 ) 998	-0700 ext. 119	
(Name of Cont	act Person)	_ \	aytime Telephone Number)	
Enclosed is a check	for the following amou	unt:		
▼ \$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 ADDRES	SS:	MAILING A	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of C	Division of Corporations	
Clifton Building		P. O. Box 6327		
2661 Executive Cen		Tallahassee,	FL 32314	
Tallahassee FL 323	(O I			

## CERTIFICATE OF DISSOLUTION **FOR**

,		
•		,
CERTIF	ICATE OF DISSOLUTION FOR	ed Partnership)
TFG Jacksonville III, LP		
(Name of Florida Limited F	Partnership or Limited Liability Limite	ed Partnership)
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on document number 40600000000000000000000000000000000000	ted partnership whose certificate	te was filed with the
FIRST: Reason for dissolution: (	State why partnership is submit	ting dissolution)
The Property Was Sold		
	<u> </u>	
SECOND: A Notice of Disso (Check box if atta	olution is attached. ached.)	
THIRD: Effective date, if other than the	date of filing:	·
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days after the date this doci	ment is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuan	t to
Filing Fee:	\$52.50 \$53.50	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	

## NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of

Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

The Tacksolvelle III L. P

Description of information that must be included in a claim:

175 UNIT AINKTMONT LOWILEX LOCATON AT

8343 HOBIN LOND TACKSOLVILLE FL WAR SILD

ON M17 7 70/3.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

The Finch Group

6111 Broked Gran Prwy NH State

BOCA RATON FL 33487

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

| Servic H. Successor
| Printed Name | Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.