A06000001202

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration	Section		
Division of Corpora	tions		
BRISTI SU BJECT :	ECONE CAPITAL, LLL	P	
	(Name of Florida Limited Part	nership or Limited Liability Limit	od Partnership)
The analoged Costif	ioste of Dissolution as	nd fee(s) are submitted	for filing
	respondence concerni E, ESQ.		w mmg.
	(Contac	t Person)	
W. RODGERS MOOR	E, P.A.		
	(Firm/C	Company)	
1900 GLADES ROAD	, SUITE 300		
	(Add	ress)	
BOCA RATON, FL 33	431		
	(City, State at	nd Zip Code)	
For further informa	tion concerning this n	natter, please call:	
W. RODGERS MOOR	E, ESQ.	561 394	-7944
(Name	of Contact Person)	(Arra Code) (De	rytime Telephone Number)
Enclosed is a check	for the following am	ount:	
\$52.50 Filing Fœ	\$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 ADDRE	SS:	MAILING	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building	atar Cimla	P. O. Box 6	5327 s. FL 32314
/DOLD THE THE P	11to 2 % 014 05	LAHAHAMA	

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

	(thip or Limited Lisbility Limited Partnership)
		ection 620.1203, Florida Statutes, this Florida limited limited partnership, whose certificate was filed with the 10/13/2006, assigned Florida
	document number A0600000120 Dissolution.	10/13/2006 , assigned Florida 7 , hereby submits this Certificate of a: (State why partnership is submitting dissolution)
	FIRST: Reason for dissolution	n: (State why partnership is submitting dissolution)
•	LIQUIDATION	
		
	SECOND: A Notice of D (Check box	Dissolution is attached. x if attached.)
	Department of State.) Note: If the date inserted in this bloc	then the date of filing: DBCEMBER 31, 2017 To more than 90 days after the date this document is filed by the Florida Lek does not meet the applicable statutory filing requirements, this date will stive date on the Department of State's records.
		• •
•	Signatures of each general partner or	r the person appointed pursuant to a. 620.1803(3) or (4), F.S.:
		. 1
Bristleco	ce Capital Banagement, LL	margen of too Mar.
General Pa	artner (margen of too Mar.
General Pa		margen of too Mar.
General Pa	artnor June	maragen l too Mar.
General Pa	artnor June	margen 1 too Mar. 15 mars - Colors Magr. \$52.50
General Pa	John P. Pols, Manager	\$52.50 \$52.50

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: BRISTLECONE CAPITAL, LLLP	
Description of information that must be included in a claim:	
CLAIMANT, AMOUNT, AND NATURE OF CLAIM	
	· · · · ·
	−o.
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)	PH 1:5
1199 S. FEDERAL HWY	42
S-374	
BOCA RATON, FL 33432	
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: John P. Foss, Manager of Bristlecone Capital Management, GP	
Printed Name Signature	
Fee: No charge if included with Certificate of Dissolution. If filed separately,	

\$52.50.