A0600001469

(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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HAY 02 2000 J. HARRIS

COVER LETTER

TO: Registration Secti	on					
Division of Corporations						
	RE ON 441, LLLP	rship or Limited Liability Limited	Destruction			
(Name	or richto's frimited Latitic	авир от ытиса ыволиу ытасу	Latine(sinh)			
The enclosed Certificate of Please return all correspondation ALAN COGEN			or filing.			
(Contact Person)						
	(Firm/Co	mpany)	<u> </u>			
6658 GUNPARK DRIVI	E SUITE 202A					
	(Addre	S1)		ະ	~	
BOULDER, CO 80301				TAL TAL TAL TAL TAL TAL TAL TAL TAL TAL	2018 APR 2	,70
	(City, State and	Zip Code)		LAH LAH	APR	m
For further information of	oncerning this ma	atter, please call:		MENT OF OF CORPO ASSEE, FI	27 PM	<u>m</u> 33
KINGSBERY CPAS		at (303)	444-2240		ယ္	m
(Name of Cont	act Person)		ytime Telephone Number)		39	_
Enclosed is a check for t	he following amo	unt:				
	661.25 Filling Fee and Certificate of Status	\$105,00 Filing Fee and Certified Copy	\$113.75 Filing Certified Copy Certificate of S	, and		
STREET ADDRESS: Registration Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301		Registration Division of P. O. Box 6	Corporations			



April 9, 2018

ALAN COGEN 6658 GUNPARK DR SUITE 202A BOULDER, CO 80301

SUBJECT: THE CENTRE ON 441, LLLP

Ref. Number: A0600001469

We have received your document for THE CENTRE ON 441, LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a LP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 818A00007118



CERTIFICATE OF DISSOLUTION FOR

INE CENTRE ON 441' FFF		
(Name of Florida Limited Partnership or	Limited Liability	Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on 12/4 document number A06000001469 Dissolution.	d partnership.	whose certificate was filed with the
FIRST: Reason for dissolution: (S	tate why partr	ership is submitting dissolution)
BUSINESS CLOSURE		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		
	<u></u>	
SECOND: A Notice of Dissol (Check box if at		ed.
Department of State.)	s than 90 days af s not meet the ap	ter the date this document is filed by the Florida plicable statutory filing requirements, this date will
Signatures of each general partner or the p	erson appointed	pursuant to s. 620.1803(3) or (4), F.S.:
ALAN COGEN	*****	Comment Comment
	_ .	,
<u> </u>		
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	The second secon
Certificate of Status (optional):	\$8.75	r. 35