A07250

(Requestor's Name)				
(Ac	ddress)			
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nan	ne)		
(Do	ocument Number)	-		
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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11 HW 11 AVH 1606

C. GOLDEN

COVER LETTER

TO: Registration Section					
Division of Corporations					
Division of Corporations					
	~				
SUBJECT: HHH HEDGE (Name of Florida Limited Partner	chin or Limited Liability Limited Partnership				
(Authorition and Authorition a	on Limited Liability Limited Fatherships				
The enclosed Certificate of Dissolution and Please return all correspondence concerning	this master to				
PATRICK HENRY (Contact Pe					
(Contact Pe	rson)				
(Firm/Com	pany)				
630 CREST ROAD					
(Address)					
, ,					
PALM BEACH F.	23480				
(City, State and Z	p Code)				
For further information concerning this matt	er pleace call:				
t or taxase mornation concerning this matt	er, prease can.				
Para au Masa					
(Name of Contact Person) (Name of Contact Person) (Area Code) (Daytime Telephone Number)					
	, (==,, ,, ,, ,,				
Enclosed is a check for the following amoun	t:				
2 50 Fillian Face More as many in					
2.50 Filing Fee S61.25 Filing Fee and Certificate of Status					
STREET ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
	pression of Corporations				

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

HHH HEDGE	- UND LI	~D ,	2026 11 11	Ali 11: 1.1.
(Name of Florida Limited Partnership	or Limited Liability	Limited Partnersh	ip)	بالدياء فأثث
Pursuant to the provisions of section partnership or limited liability lime. Florida Department of State on document number A 272 State Dissolution.	ited partnership.	whose certificat	e was filed with the	
FIRST: Reason for dissolution:	(State why partne	rship is submitt	ing dissolution)	
PARTNERSHIP LIQ			Z 0	
		0 31		
		<u>_</u>		
	· · ·			
SECOND: A Notice of Disso (Check box if		l.		
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block does not be listed as the document's effective of the control of th	e than 90 days after as not meet the annlic	the date this docur	ment is filed by the Florida	1
Signature) of each general partner or the p	person appointed purs	suant to s. 620.180	3(3) or (4). F.S.:	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50			
cermicate of Status (obtional):	\$8.75			