A0800000542

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(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Sociality)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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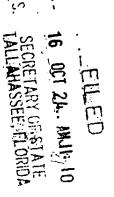
Office Use Only



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10/07/16--01015--013 **25.00

10/24/16--01002--003 **27.50



D. SCOTT OCT 2 4 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2016

JULIANNE CORLEW 4602 EISENHOWER BLVD TAMPA, FL 33634

SUBJECT: MAINSAIL CONFERENCE CENTER LLLP

Ref. Number: A08000000542

FILED

16 OCT 24 MIL: 10

SECRETARY OF STATE
SECRETARY OF STATE
ANASSEE, FLORIDA

We have received your document for MAINSAIL CONFERENCE CENTER 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 FL LLC, but your entity is a FLORIDA LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 216A0002177

\$2.50 25.00 Paid 27.50 ONC

COVER LETTER

Division of	Corporations		
	nsail Conference C		And Describing
(Name o	i Florida Limited Partnersh	ip or Limited Liability Limi	ted Partnership)
The enclosed Certi	ficate of Dissolution an	d fee(s) are submitted f	for filing.
Please return all correspondence concern		ng this matter to:	TAS TO
Julianne Corlew			新聞
	(Contact Person)		SSE SSE
Mainsail Conference	Center LLLP		
	(Firm/Company)		ST.
4602 Eisenhower Bl	ud		OCT 24 AN II: 10 RETARY OF STATE ANASSEE, FLORIDI
4002 Liserinower Br	(Address)		>
T. 51 00004			·
Tampa, FL 33634	(City, State and Zip Code)		
	(City, State and Zip Code)		
For further informa	ation concerning this m	atter, please call:	
Julianne Corlew		at (813) 243	3-2633
(Name of Co	ntact Person)		aytime Telephone Number)
Enclosed is a check	k for the following amo	ount:	
\$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 ADDRE	ESS:	MAILING.	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Center Circle		Tallahassee, FL 32314	

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

Mainsail Conference Center		
(Name of Florida Limited Pa	artnership or Limited Liability Limited Partnersh	nip)
		ed with the ed Florida
FIRST: Reason for dissolution: (S	state why partnership is submitting disso	lution)
Sale of Business		
	The state of the s	
		PRO-1811
SECOND: A Notice of Disso (Check box if attack)		
THIRD: Effective date, if other than the d	ate of filing: October 10 2016	·
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is file	ed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	
Jahan V Colew		
		SECONOMIC SECONO
Filing Foot	C 52 50	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	1LED 24 A ARY OF SSEE, F
Certificate of Status (optional):	\$8.75	. Pe U
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