A0800000629

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100423094421

11/18/24--01006--021 **27.50

10/03/24--01006--002 **25.00

RECEIVED NOV 18 2024



M. SOLOMON NOV 2 0 2024

COVER LETTER

TO: Registration Section

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corpor	ations	
SUBJECT:	(Name of Florida Limited Partnership or Limited Liability Limited Partnership)	<i>Ş</i>
Please return all co	ficate of Dissolution and fee(s) are submitted for filing. orrespondence concerning this matter to:	
	(Contact Person)	
CAK	(Firm/Company)	
2 4	(Address) (Address) (City, State and Zip Code) ation concerning this matter, please call:	
	(Address)	
(0	AAL EAGLES FL, 30/300 100	
	(City, State and Zip Code)	
For further informa	ation concerning this matter, please call:	
······	e of Contact Person) at (305) 332 93 9reg (Area Code) (Daytime Telephone Number)	
Enclosed is a chec	k for the following amount:	
\$52.50 Filing Fee	\$105.00 Filing Fee S105.00 Filing Fee S113.75 Filing Fee, and Certificate of and Certified Copy Status Certificate of Status	
STREET ADDRI Registration Section Division of Corpor Clifton Building	n Registration Section	

Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

CARP F	AMILY	12025	テヘミペラ	17	٥ Z Z	011065
(Name of Florida Limited Partnership or	Limited Liability L	imited Partnersl	nip)			LLL P
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number AOFOC Dissolution.	d nartnerchin w	hase certifics	ite was filed u	rith the		
FIRST: Reason for dissolution: (S	tate why partner	ship is submi	tting dissoluti	on)		
NO FURTHER	NEED	707	TH15	PAR	7~	ERSINIP
NO FURTHER	JKY P	LANN	NE		_	
				2	20	
				7.77	24 X	and a
SECOND: A Notice of Dissol (Check box if a 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 date.	ution is attached trached.) date of filing: than 90 days after not meet the applicate on the Department	the date this doc cable statutory fi nt of State's rec	cument is filed by illing requirement ords.	w the Floridate	V 18 PM 4:38 =	
Signatures of each general partner or the p	erson appointed pur				- -	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75					



October 10, 2024

MARC CARP CARP FAMILY INVESTMENT HOLDINGS LLLP 2401 ANDERSON RD, UNIT 3 CORAL GABLES, FL 33134

SUBJECT: CARP FAMILY INVESTMENT HOLDINGS, LLLP

Ref. Number: A08000000629

We have received your document for CARP FAMILY INVESTMENT HOLDINGS, LLLP and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50.

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

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

Letter Number: 924A00022494

Mel Solomon Operations Manager A

www.sunbiz.org