

A09000000003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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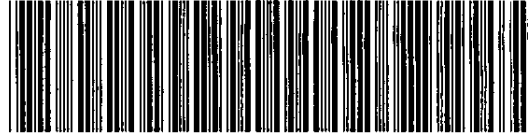
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2016
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSPREY FREEDOM LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CAROL A VANCE

(Contact Person)

CAROL A VANCE ESQ CPA PLC

(Firm/Company)

411 55TH AVE

(Address)

ST PETE BEACH, FL 33706

(City, State and Zip Code)

For further information concerning this matter, please call:

CAROL A VANCE

(Name of Contact Person)

at (727) 367-1222

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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 ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FL 32304
SECRETARY OF STATE

FILED

**CERTIFICATE OF DISSOLUTION
FOR**

OSPREY FREEDOM LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 01/06/2009, assigned Florida document number A09000000003, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

ALL ASSETS AND LIABILITIES OF OSPREY FREEDOM LLLP WERE DISTRIBUTED

PURSUANT TO AN AGREEMENT EXECUTED ON JANUARY 15, 2016.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Martha S Demaree

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA