A-0900000133

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	(Requestor's Name)
	(Address)
13	(Address)
<u></u>	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
53.	

Office Use Only



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CORPORAT	E
ACCESS,	

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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SPECIAL INSTRUCT	ΓIONS:			



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2019

CORPORATE ACCESS INC

SUBJECT: HKS-SSI JOINT VENTURE LLLP

Ref. Number: A0900000133

Corrected 1st

We have received your document for HKS-SSI JOINT VENTURE LLLP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination can only be filed on an inactive entity. The dissolution has to be filed first.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 219A00019854

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: HKS-SSI JOINT VENTURE	
(Name of Florida Limites	d Partnership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolution Please return all correspondence conc ROBERT P. SALTSMAN, P.A.	on and fee(s) are submitted for filing. erning this matter to:
(C	ontact Person)
ROBERT P. SALTSMAN, P.A.	
(F	irm/Company)
P.O. BOX 2146	
	(Address)
WINTER PARK, FL 32790	
(City, St	tate and Zip Code)
For further information concerning th	is matter, please call:
ROBERT P. SALTSMAN, P.A.	at (647-2899 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	amount:
\$52.50 Filing Fee 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

CERTIFICATE OF DISSOLUTION FOR

HKS-SSI JOINT VENTURE LLLP		
(Name of Florida Limited Partnership	or Limited Liability Limited Partners	híp)
Pursuant to the provisions of section partnership or limited liability limited Plorida Department of State on 3/2/document number A09000000133 Dissolution.	ted partnership, whose certific 2009	ate was filed with the, assigned Florida
FIRST: Reason for dissolution: (State why partnership is submi	tting dissolution)
Closing company		
		1 -
SECOND: A Notice of Disso (Check box if a		
THIRD: Effective date, if other than the (Effective date cannot be prior to nor mor Department of State.) Note: If the date inserted in this block does not be listed as the document's effective d	e than 90 days after the date this doo s not meet the applicable statutory fi	ling requirements, this date wil
Signatures of each general partner or the p Matt Clear, AIA Regional Director Orlando Principal - HKS J. Thomas Chandler, AIA President & CEO - Schenkel & Shultz, Inc.	erson appointed pursuant to s. 620,1	\$93(3) or (9), P.S.:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	