

A 10000000240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

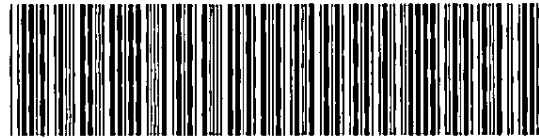
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



800395058988

RECEIVED

FILED

2022 DEC -5 PM 3:47 2022 DEC -5 AM 10:14

TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FL

12/6/2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$105.00

AUTHORIZATION SIGNATURE: 

East 9th STREET TRUST, LLLP A10000000240

Business

Doc. #

☐ Walk in ☐ Pick up time ☐

☐ Mail out ☐ Will wait

☐ Photocopy

☒ **Certified Copy**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

☐ APOSTIL () ☐
Country

☐ Other

AMMENDMENTS

☐ Ammendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☒ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

EXAMINER'S INITIALS: _____

FILED

CERTIFICATE OF DISSOLUTION
FOR

2022 DEC -5 AM 10:14

EAST 9TH STREET TRUST, LLLP

SECRETARY OF STATE
TALLAHASSEE, FL

(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 APRIL 27, 2010, assigned Florida document number A10000000240, hereby submits this Certificate of Dissolution.

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

NO FURTHER BUSINESS TO BE CONDUCTED, ALL ASSETS HAVE BEEN DISTRIBUTED

AND ALL BANK ACCOUNTS HAVE BEEN CLOSED

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Six Oaks Trust, LLC, a FL LLC

By: [Signature]

FRANK S. COSTA, Manager

By: [Signature]

BETSY K. COSTA, Manager

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