## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SMITH HULSEY & BUSEY

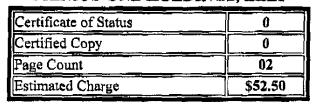
Account Number: 075030000653 Phone

: (904)359-7700

Fax Number

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## DISS/TERM/CANCEL/REV OF LP/LLP TRINITY ONE HOLDINGS, LLLP



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**9** Warren

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## CERTIFICATE OF DISSOLUTION FOR

Trinity One Holdings, LLLF (Name of Florida Limited I		d Liability Limited P	artnership)	
Pursuant to the provisions of section partnership or limited liability limited florida Department of State on De document number A10000000773  Dissolution.	ted partnership, w ecember 1, 2010	hose certificate w	vas filed with the ssigned Florida	
FIRST: Reason for dissolution: (	State why partner	ship is submitting	dissolution)	
All of the partners consented to the dis	esolution.			
				_
			· · · · · · · · · · · · · · · · · · ·	_
SECOND: A Notice of Dissi (Check box if atta	ached.)	,		
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after t	he date this documen	t is filed by the Florid	u`
Signatures of each general partner of s. 620.1803(3) or (4).5.5.	or the person appo 	inted pursuant to		 
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		STEAR TO STEAR THE TERMS	

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## NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

· · ·		
Name of Dissolved Limited Partnership or Limited I	Liability Limited Partnership:	
Trinity One Holdings, LLLP		
Description of information that must be included in	a claim:	
The identity and contact information of the person or entit	ly asserting the claim, a description of the	a basis
for the claim, the date the claim arose, the amount of the	claim, and a description of the facts and	-
circumstances underlying the claim.		
Mailing address where claims can be sent: (Claims of Department of State.)  16 Wild Iris Lane		
Fairview, NC 28730	- C - 33	أستأد
		is () maren moren
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	77
A claim against the above named limited partnership partnership will be barred unless a proceeding to enfo 4 years after the filing of the notice.	or limited liability lingued w	J
Signature of a general partner or a principal of the su	ccessor entity; ///	
David Cobb, Manager of General Partner	_ pullett	
Printed Name	Signature	
فتخدمت باستريس ورواء والمراا والماسي	- to the Residence of the	

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.