

DEC-30-2016 PM 02:52

Division of Corporations

FAX NO.

P. 01/03

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Florida Department of State
Division of Corporations
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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 : (904) 359-7708

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

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

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DEC 30 2016

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**CERTIFICATE OF DISSOLUTION
FOR**Trinity One Holdings, LLP

(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 December 1, 2010, assigned Florida document number A10000000773, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)All of the partners consented to the dissolution.**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.

Filing Fee:	\$52.50
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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 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 entity asserting the claim, a description of the 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 cannot be sent to the Florida Department of State.)

16 Wild Iris Lane

Fairview, NC 28730

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

David Cobb, Manager of General Partner

Printed Name


Signature

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

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