## 11P00000911

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	<b></b> WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



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WAR 1 4 2017 J. HARRIS

## **COVER LETTER**

Division of Corporations		
SUBJECT: Dissolution of Tampa		
(Name of Florida Limited Partnersh	ip or Limited Liability Limited Partnership)	
The enclosed Certificate of Dissolution an	d fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to:	
Darren A. Wilson	·	
(Contact Person)		
Kennedy Investments, Inc.; TCP GP, LLC and	JED Group Partners, LLC	
(Firm/Company)		
2901 W Busch Blvd. #901		
(Address)		
Towns El 22649 4570		
Tampa, FL 33618-4572 (City, State and Zip Code)		
(City, State and Zip Code)		
For further information concerning this ma	atter, please call:	
Darren A. Wilson	at ( 813 ) 554-1206	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check for the following amo	unt:	
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee, and Certified Copy  Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee, FL 32301		



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2017

DARREN A WILSON KENNEDY INVESTMENTS, INC 2901 W BUSCH BLVD #901 TAMPA, FL 33618-4572

SUBJECT: TAMPA COMMUNITY PARTNERS LLLP

Ref. Number: A12000000911

We have received your document for TAMPA COMMUNITY PARTNERS LLLP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

The document must include a description of the information that must be  $\times$  included in a claim.

The notice of dissolution must be signed by a general partner or a principal of the  $\chi$  successor entity.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00000769

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## CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Pa		Liability Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 13 document number A12000000911 Dissolution.	ed partnership, wh 2118112	
FIRST: Reason for dissolution: (S	State why partners	hip is submitting dissolution)
The partnership has liquidated all asse	ts owned and is disc	continuing its operations.
SECOND: A Notice of Disso (Check box if atta		
THIRD: Effective date, if other than the c	late of filing:	·
(Effective date cannot be prior to nor more Department of State.)	than 90 days after th	ne date this document is filed by the Florida
Signatures of each general partner of each general par	or the person appo	inted pursuant to
for TCP GP, LLC, the General Partner for		
Tampa Community Partners, LLLP		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	17 MAR I

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