

A12000000926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

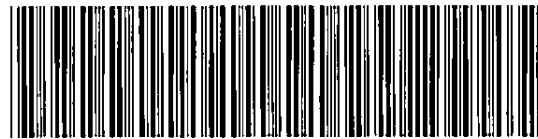
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700442650677

RECEIVED

2025 JAN 30 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2025 JAN 30 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO: Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 1/30/2025

PRIORITY Regular Approval

OUR REF # (Order ID#) 1344091

ORDER ENTITY

TILLSON FAMILY LIMITED PARTNERSHIP

PLEASE PERFORM THE FOLLOWING SERVICES:

TILLSON FAMILY LIMITED PARTNERSHIP (FL)

File the attached dissolution document

NOTES: ~~Amount of fee to be paid by customer~~
\$52.50 Authorized

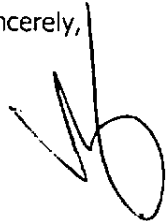
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



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CLERK OF STATE
TALLAHASSEE, FLORIDA

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TILLSON FAMILY LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Jermaine Allen

(Contact Person)

Shutts & Bowen LLP

(Firm/Company)

525 Okeechobee Blvd. Ste. 1100

(Address)

West Palm Beach, FL 33401

(City, State and Zip Code)

For further information concerning this matter, please call:

Jermaine Allen at (561) 650-8554
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of 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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

TILLSON FAMILY LIMITED PARTNERSHIP

(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 12/19/2012, assigned Florida document number A12000000926, hereby submits this Certificate of Dissolution.

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

The General Partner has previously determined that the business of the Partnership has concluded

and the Partnership should dissolve, wind up the Partnership's business, and liquidate its affairs.

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.:



William H. Tillson

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

2025 JAN 30 AM 11:17

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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:
TILLSON FAMILY LIMITED PARTNERSHIP

Description of information that must be included in a claim:

All creditors and claimants against this Partnership are required to present, in writing, and in detail, their
claims, respective accounts and demands. The claim must include the name, address, and telephone
number of the claimant and a description of the substance of the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)

Shutts & Bowen, LLP

Attention: Brian D. Kennedy, Esq


525 Okeechobee Boulevard, Suite 1100, West Palm Beach, FL 33401

A claim against the above named limited partnership or limited liability limited partners 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:

William H. Tillson

Printed Name



Signature

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

2025 JAN 30 AM 11:17

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