

#A120000001002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

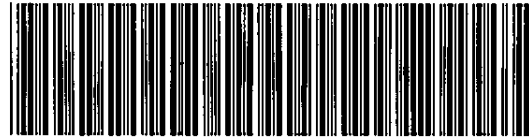
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900263426849

10/17/14--01013--008 \*\*27.50

08/25/14--01008--015 \*\*25.00

FILED  
2014 OCT 14 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
OCT 17 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 2, 2014

TAX SAVERS  
JAMIE BUNKLEY  
1300 ENTERPRISE DR, UNIT A  
PORT CHARLOTTE, FL 33953-3801

SUBJECT: PLACIDA SOUND FAMILY LLLP  
Ref. Number: A12000001002

We have received your document for PLACIDA SOUND FAMILY LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

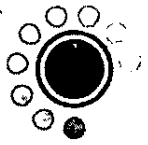
We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 214A00018677



**TaxSavers**  
Solutions that make sense.

8/21/14

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Placida Sound Family LLLP, Articles of Dissolution

Dear Sirs,

Please see enclosed Articles of Dissolution for our client Placida Sound Family LLLP. We have also enclosed a \$25 check for filing fees. If you need anything further, please contact me directly.

Thank you.

Beth A Wilson, EA, ATA, ATP

baw/sbs

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Placida Sound Family LLP

(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:

Jamie Bunkley

(Contact Person)

Tax Savers

(Firm/Company)

1300 Enterprise Drive, Unit A

(Address)

Port Charlotte, FL 33953

(City, State and Zip Code)

For further information concerning this matter, please call:

Jamie Bunkley

(Name of Contact Person)

at ( 941 )

625-1925

(Area Code and 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

**CERTIFICATE OF DISSOLUTION  
FOR**

**FILED**

2014 OCT 14 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Placida Sound Family LLLP**

(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 12/28/12, assigned Florida document number A12000001002, hereby submits this Certificate of Dissolution.

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

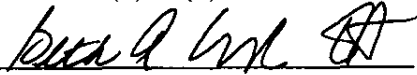
Never Activated


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