A13761

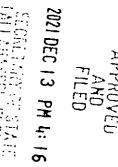
(Request	or's Name)			
(Address)			
(Address)			
(City/Stat	e/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				

Office Use Only



200377847312

12/13/21--01032--008 **113.75



COVER LETTER

TO: Registration	Section -		
Division of Corpor	ations		
SUBJECT:	TY, LTD. (Name of Florida Limited Part	nership or Limited Liability Limite	rd Partnership)
	,.	·······, · · ······ · · ····· , · · · ·	• • •
	ficate of Dissolution a rrespondence concerni	nd fee(s) are submitted ing this matter to:	for filing.
	(Contac	t Person)	
TRI-CITY, LTD.			
	(Firm/C	Company)	
2764 Sunset Point Roa	d, Suite 100		
	(Addı	ress)	
Clearwater, FL 33759			
	(City, State ar	nd Zip Code)	
For further informa	tion concerning this n	natter, please call:	
Mark F. Ceraolo		727 224 at ()	1-8319
(Name	of Contact Person)	(Area Code) (Da	ytime Telephone Number)
Enclosed is a check	for the following amo	ount:	
\$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**

TRI-CITY, LTD.		
(Name of Florida Limited Partnership or	r Limited Liabil	ity Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Januardocument number A13761 Dissolution.	ed partnershi ary 4th, 1983	Florida Statutes, this Florida limited p, whose certificate was filed with the, assigned Florida reby submits this Certificate of
FIRST: Reason for dissolution: (S	State why par	tnership is submitting dissolution)
TRI-CITY, LTD, has no remaining assets	and therefore, s	hall be terminated in accordance with the terms
of the partnership agreement.		
Department of State.)	ttached.) c date of filing: than 90 days a	DECEMBER 20, 202/ The the date this document is filed by the Florida pplicable statutory filing requirements, this date will
Signatures of each general-partner or the p Richard A. Harris Could Consolidate	erson appointed 	pursuant to s. 620.1803(3) or (4), F.S.: MARK F CERAOLO RICHARD L. HARRIS PAUL C. CERAOLO
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	
Certificate of Status (optional):	\$8.75	7.00 2

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: TRI-CITY, LTD.

Description of information that must be included in a claim;
(a) name and address of claimant, (b) the nature and basis of the claim, (c) the date of the claim, (d) the amount of the claim, and (e) a description of any security for the claim.

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

Mark F. Ceraolo

2764 Sunset Point Road. Suite 100

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.

Clearwater, FL 33759

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

Mark F. Ceraolo

Printed Name

Signature

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