

A140000000184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

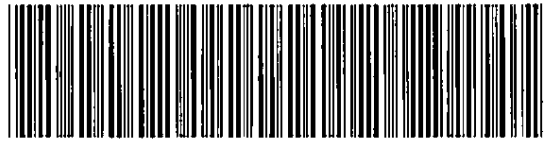
Certified Copies _____ Certificates of Status _____

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J. HORNE

JUL 24 2024

Office Use Only



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2024 JUL 24 12 PM 15

2024 JUL 24 12 PM 15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Osceola Capital Holdings, L.L.P.

(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:
Sara Jones

(Contact Person)

Osceola Capital Management

(Firm/Company)

4030 W Boy Scout Blvd Suite 915

(Address)

Tampa, FL 33607

(City, State and Zip Code)

For further information concerning this matter, please call:

Sara Jones _____ at (813) 492-5631
(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

**CERTIFICATE OF DISSOLUTION
FOR**

2024 APR 11 PM 1:15

Osceola Capital Holdings, 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 April 2nd 2014, assigned Florida document number A14000000184, hereby submits this Certificate of Dissolution.

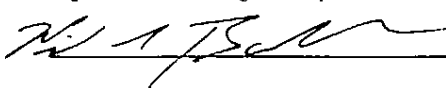
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
completion of business purpose

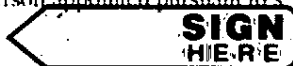
SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

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.:





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

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and Certificate of
Status

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and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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Tallahassee, FL 32314

2014 APR 22 PM 1:15

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[Signature]



Filing Fee:

\$52.50