

A 140000000332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

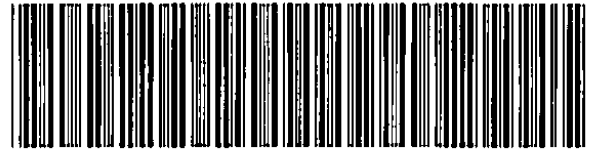
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600330599286

06/18/19--01019--009 **52

RECEIVED
19 JUN 19 PM 2:47

Dissolution

JUN 27 2019
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Mapping Technologies, LLLP

(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:

Richard A. Hisert

(Contact Person)

(Firm/Company)

179 River Street

(Address)

Troy, NY 12180

(City, State and Zip Code)

For further information concerning this matter, please call:

Richard A. Hisert

(Name of Contact Person)

at (

518

(Area Code)

) 852-4102

(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

19 JUN 18 PM 2:47

**CERTIFICATE OF DISSOLUTION
FOR**

Innovative Mapping Technologies, 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 June 20, 2014, assigned Florida document number A14000000332, hereby submits this Certificate of Dissolution.

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

Partnership has been dissolved per consent of all partners

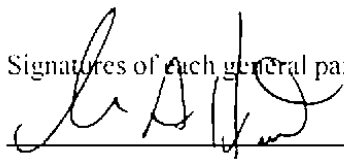
SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: March 31, 2019

(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

19 JUN 19 PM 2:47