

A16 0000000289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

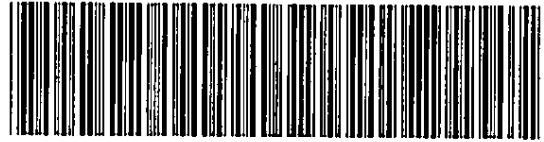
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2019 APR - 1 PM 5:26  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

APPROVED  
AND  
FILED

T.G.  
4/19/19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T3 FOUNDATION 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:  
KEVIN THOMPSON

\_\_\_\_\_  
(Contact Person)

T3 FOUNDATION LIMITED PARTNERSHIP  
\_\_\_\_\_  
(Firm/Company)

1011 SAN RAFAEL STREET  
\_\_\_\_\_  
(Address)

ST. AUGUSTINE, FL 32080  
\_\_\_\_\_  
(City, State and Zip Code)

For further information concerning this matter, please call:

Ryan King, Esq. at ( 352 ) 219 - 5351  
(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

2019 APR - 1 PM 5: 26  
 APPROVED AND FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR**

T3 FOUNDATION 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 06/10/2016, assigned Florida document number A1600000289, hereby submits this Certificate of Dissolution.

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

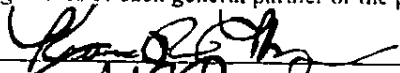
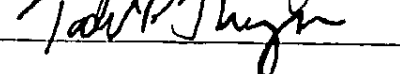
The partnership no longer conducts any business activity. The entity has filed its final tax return.

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

**THIRD:** Effective date, if other than the date of filing: N/A - 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.:

Kevin R. Thompson

Todd P. Thompson

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

RECEIVED  
TALLAHASSEE, FLORIDA

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AND  
FILED

**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:  
T3 FOUNDATION LIMITED PARTNERSHIP

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Description of information that must be included in a claim:

There are no pending claims or known liabilities against the partnership at the time of this Notice of  
Dissolution.

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

1011 SAN RAFAEL STREET  
ST. AUGUSTINE, FL 32080

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2019 APR - 1 PM 5: 26  
SECRETARY OF STATE  
MAIL ASSISTANT  
TODD P. THOMPSON

APPROVED  
AND  
FILED

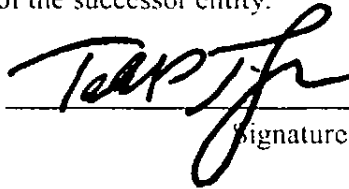
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

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

TODD P. THOMPSON

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Printed Name



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Signature

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