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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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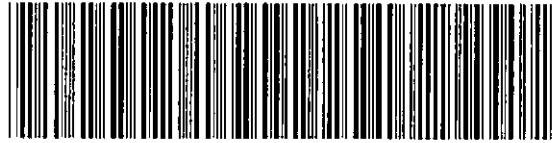
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Och II / Co-A, LLLP  
\_\_\_\_\_  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination 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)

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SECRET  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Sara Jones at ( 813 ) 492-5631  
\_\_\_\_\_  
(Name of Contact Person) (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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF TERMINATION  
FOR**

Och II / Co-A, 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 10/13/2016, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

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

2016 SEP 19 PM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA