## A17000000337

(Requestor's Name)	<u>-</u>			
(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



300301655233

09/05/17--01001--002 ++52.50

FILED

17 AUG 31 PM \$ 07,

SECRETARY OF STATE
VALUE SECRETARY OF STATE
VALUE SECRETARY OF STATE

SECRETARY

S. WARREN SEP 0 1 2017

## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32301

Division of Corporations			
SUBJECT: TROPMONT (Name of Florida Limited Par	LP  rtnership or Limited Liability Limited Partnership)		
The enclosed Certificate of Dissolution a Please return all correspondence concern David B. Montha Ale	ing this matter to:		
(Conta	ct Person)		
	Company)		
2764 NE 34th ST.	(ress)		
FORT LAUNCEDAG FU (City. State a) For further information concerning this r	matter, please call:		
DAID B. MONTANCO (Name of Contact Person)	at ( 215 ) 262-1230 (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following am    S52.50 Filing Fee	iount;		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		

## CERTIFICATE OF DISSOLUTION FOR

POPMONT LP			
(Name of Florida Limited Partnership or	Limited Liability L	imited Partnership)	
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on document number Allooodo Dissolution.	ed partnership, w	hose certificate w	as filed with the ssigned Florida
FIRST: Reason for dissolution: (S	tate why partner	ship is submitting	dissolution)
OPENED OND REGIST	TERUS IN	ERROR	2aw
SUPPOSUD TO BE U	PUNCO AS	AN UC.	WAISHE
\$1000. FOR NOTHIN			
NOUR DONE DRY 13	USINES.	WHATSOEV	er,
SECOND: A Notice of Dissol (Check box if at			
<b>THIRD:</b> Effective date, if other than the (Effective date cannot be prior to nor more Department of State.)  Note: If the date inserted in this block does not be listed as the document's effective da	than 90 days after not meet the applic	the date this documer table statutory filing r	ıt is filed by the Florida
Signatures of each general partner or the pe	1	Suant to s. 620.1803(3	10ATONALO
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		17 AUG 31 SEGRETAR TALLAHASS