Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000346140 3)))



H160003481403ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: VCORP SERVICES, LLC

Account Number : 120080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

DISS/TERM/CANCEL/REV OF LP/LLP SPM CPT I LP

Certificate of Status	0
Certified Copy	
Page Count	01
Estimated Charge	\$52.50

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help



December 7, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SPM CPT I LP 913 S PARSONS AVE, SUITE A BRANDON, FL 33511US

SUBJECT: SPM CPT I LP REF: A17000000446

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A Certificate of Dissolution must be filed before a Statement of Termination can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (850) 245-6939.

Agnes Lunt Regulatory Specialist III FAX Aud. #: H18000346140 Letter Number: 318A00025217

2018 DEC 20 AM 10: 55

CERTIFICATE OF DISSOLUTION FOR

SPM CPT I LP			
(Name of Florida Limited Partnership or I	Limited Lia	bility Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 10/06/document number A17000000446 Dissolution.	d partners /2017,	hereby submits this Certificate of	orida
FIRST: Reason for dissolution: (St	tate why p	partnership is submitting dissolution	on)
Use for the business has expired.			
SECOND: A Notice of Dissolu (Check box if at	ution is at ttached.)	tached.	
THIRD: 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 date.	: <i>than 90 da</i> : not meet ti	he applicable statutory filing requirement	
Signatures of each general partner or the pe	crson appoi	nted pursuant to s. 620.1803(3) or (4), F.	S.:
	_		
	_ _		- 11 - R
	_		→ **** → ***
	<u></u>		
Filing Fee:	\$52.50		그등 🕿
Certified Copy (optional):	\$52.50 \$8.75		
Certificate of Status (optional):	J101./3		55 55

CERTIFICATE OF DISSOLUTION FOR

SPM CPT I LP			
(Name of Florida Limited Partnership or I	Limited L	iability Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 10/06/document number A17000000446 Dissolution.	d partne	renin whose certificate was the	3 At Ittl fire
FIRST: Reason for dissolution: (St	tate why	partnership is submitting dissol	ution)
Use for the business has expired.			
			
SECOND: A Notice of Dissolution (Check box if at	ution is t ttached.)	attached.	
THIRD: 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 day	e <i>than 90 6</i> s not meet	the applicable statutory filing requirer	d by the Florida
Signatures of each general partner or the po	erson app	ointed pursuant to s. 620.1803(3) or (4	2018 DEC
t			- 182 - N
	_		<u> </u>
	_ -		FIS A
Filing Fee:	\$52.5	0	
Certified Copy (optional):	\$52.5		55
Certificate of Status (optional):	\$8.75		