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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CONROY, CONROY & DURANT, P.A. Account Number : I20190000025 Phone : (239)649-5200 : ; Fax Number : (239)649-8140 \Box

DISS/TERM/CANCEL/REV OF LP/LLP ARGO LIVINGSTON, LP

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03
\$52.50

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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Argo Livingston, LP	rship or Limited Liability Limited Partnership)
·	
The enclosed Certificate of Dissolution and Please return all correspondence concerning. Thomas Conroy, III	I fee(s) are submitted for filing. g this matter to:
(Centact	Person)
Conroy, Conroy & Durant, P.A.	
(Firm/Co	mpany)
2210 Vanderbilt Beach Road, Suite 1201	
(Addre	22)
Naples. FL 34109	
(City, State and	3 Zip Cnde)
For further information concerning this m	atter, please call:
Samantha MacLood	at (
(Name of Contact Person)	(Arca Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
\$52.50 Filing Fec S61,25 Filing Fec and Certificate of Status	S105.00 Filing Fee and Certified Copy and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

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CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Partnership or Limited Liah	offity Dimited Paraters 1197	
Dissolution.	2017 , assigned Florida hereby submits this Certificate of	
FIRST: Reason for dissolution: (State why p	partnership is submitting dissolution)	
All assets sold and liabilities discharged		-
SECOND: A Notice of Dissolution is at (Check box if attached.)	ttached.	
	February 28, 2021	
THIRD: Effective date, if other than the date of fill (Effective date cannot be prior to nor more than 90 de	ing:	rida
Department of State.) Note: If the date inserted in this block does not meet to not be listed as the document's effective date on the E	the applicable statutory filing requirements, this de	ate will
		.2
Signatures of each general partner or the person appo	sinted pursuant to s. 620.1803(3) or (4), F.S.:	~ ~ ~
By: ARGO Livingston, LLC, its General F	Partner	
By: ARGO US, LLC, ita Manager		:.=
By: Gordon V. Buck, Manager		نن ب ن -
ten si)	·\`\
Filing Fee: 352.50 Certified Copy (optional): 552.50		
Certificate of Status (optional): \$8.75		