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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Estero Bonita Hone Solutions LLLP. (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: Brian Pecaraco
(Contact Person)
(Firm/Company)
25141 Killder Dr.
(Address)
Bonita Spaings FL 34/35 (City, State and Zip Code)
For further information concerning this matter, please call:
Brian Pecoraro at (239) 470-8208 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status \$105.00 Filing Fee Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327

CERTIFICATE OF DISSOLUTION FOR

Estero Bonita (Name of Florida Limited Partnership or	Home Solutions LLLP. Limited Liability Limited Partnership)
partnership or limited liability limited	a 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 01/02/2018 , assigned Florida of 3 , hereby submits this Certificate of
FIRST: Reason for dissolution: (S	tate why partnership is submitting dissolution)
Closed Business	2019
	<u> </u>
	ution is attached.
SECOND: A Notice of Dissolution (Check box if at	
(Effective date cannot be prior to nor more Department of State.)	date of filing: 7/23/19 than 90 days after the date this document is filed by the Florida not meet the applicable statutory filing requirements, this date will te on the Department of State's records.
Signatures of each general partner or the personal description of the personal descrip	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75