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(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:	(Requestor's Name)	<del></del>
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address)	
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Special Instructions to Filing Officer:	(Document Number)	
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	Special Instructions to Filing Officer:	



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June 9, 2021

EARL H YOUNG 5209 LOCHMEAD TER ZEPHYRHILLS, FL 33541

SUBJECT: GDPZ LLLP

Ref. Number: A1900000169

We have received your document for GDPZ LLLP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Statement of termination can only be filed after the cert. of dissolution. Please see the enclosed information.

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 filing of your document, please call (850) 245-6050.

Letter Number: 721A00012747

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

## **COVER LETTER**

TO: Registration S Division of C			
SUBJECT: T [Name of	PZ LLAP Florida Limited Partnershi	) p or Limited Liability Lim	ited Partnership)
The enclosed Stateme	ent of Termination and	fee(s) are submitted for	or filing.
Please return all corre	espondence concerning	this matter to:	
EARLH YOUX	Contact Person)		
GATEWAY Do	(Firm/Company)	<del>1</del>	
5209 Loc	hmead Ter (Address)		
Zephych	City, State and Zip Code)	3541	
For further information	on concerning this matt	er, please call:	
EAR YOUNG	ontact Person)	at ( <u>&amp;13</u> ) <del>  1</del> (Area Code and Da	76-4253 Lytime Telephone Number)
Enclosed is a check f	or the following amoun	it:	
☐ \$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 Corporati	ions	Street Address Registration S Division of C	Section

The Centre of Tallahassee

P.O. Box 6327

## STATEMENT OF TERMINATION FOR

f 1

GDPZ LLLP		
(Name of Florida Limited P	Partnership or Limited Liability Limited Partnership)	
partnership or limited liability limit	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with 19, 2019, hereby submit	the
_		
The limited partnership or limited lits affairs and wishes to file a stater	iability limited partnership has completed windinent of termination.	ng up
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	
Gateway Doubtown Pr	po 170	
By Crull II Phy EARL H YOURS hop		
		:
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	•
Certificate of Status (optional):	\$8.75	