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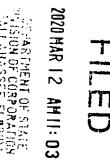
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MAR 1 9 2020 S. YOUNG



February 28, 2020

OMER SHAFIQ SYMBIOSYSTEC LLP 1440 GEMINI BLVD STE 17 ORLANDO, FL 32837

SUBJECT: SYMBIOSYSTEC LLP Ref. Number: A19000000219

We have received your document for SYMBIOSYSTEC LLP and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$27.50. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a GENERAL PARTNERSHIP, but your entity is a LLP. Please complete and return the enclosed blank form(s).

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.

Shelia H Young Regulatory Specialist II

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TO DO DOVIGOR TO

COVER LETTER

TO: Registration Section	
Division of Corporations	
SYMBIOSYSTEC LLP SUBJECT:	
(Name of Florida	Limited Partnership of Limited Limited Partnership)
The enclosed Certificate of Disso Please return all correspondence of Omer Shafiq	olution and fee(s) are submitted for filing.
	(Contact Person)
SYMBIOSYSTEC LLP	
	(Firm/Company)
12728 Sawgrass Plantation Blvd	
	(Address)
Orlando, FL 32824	
((City, State and Zip Code)
For further information concerning	ng this matter, please call:
Omer Shafiq	847 9620986 at ()
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the follow	ving amount:
\$52.50 Filing Fee S61.25 Filing and Certific Status	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Fallahassee, FL 32301	

CERTIFICATE OF DISSOLUTION FOR

SYMBIOSYSTEC LLP			
(Name of Florida Limited Partnership o	r Limited Liability	Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 05-2 document number A19000000219 Dissolution.	ted partnership, 22-2019	whose certificate was, assi	filed with the grant from the signed Florida
FIRST: Reason for dissolution: (3	State why partne	ership is submitting d	issolution)
I want to cancel the LLP, Business Closed	<u>i.</u>		
SECOND: A Notice of Disso (Check box if a		ed.	
THIRD: Effective date, if other than th	03	3-19-2020	
Effective date cannot be prior to nor mor Department of State.) Note: If the date inserted in this block does not be listed as the document's effective d	es not meet the app	er the date this nocument	
Signatures of each general partner or the p	person appointed p	ursuant to s. 620.1803(3)	or (4), F.S.:
	_		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		2020 MAR 2 AH I: PARTMENT OF STA BYTSION OF CORPORAL TALLAHASSEE, FL SE