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SECRETARY OF STATE

COVER LETTER

TO: Registration Section	
Division of Corporations	
MINECON LLLP	
SUBJECT: Name of Florida Limits	ed Partnership or Limited Liability Limited Partnership)
(Name of Piorida Emilio	ed Partiership of Elimited Elabrity Elimited Partiership)
The enclosed Certificate of Dissolution Please return all correspondence conditions JAMES EVENSON	on and fee(s) are submitted for filing. cerning this matter to:
((Contact Person)
MINECON LLLP	
(Firm/Company)
4660 NE BELKNAP CT STE 201E	
	(Address)
HILLSBORO, OR 97124	
(City, S	State and Zip Code)
For further information concerning the	nis matter, please call:
JAMES EVENSON	503 314-6444
	at ()(Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	amount:
\$52.50 Filing Fee \$61.25 Filing Fe and Certificate Status	

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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CERTIFICATE OF DISSOLUTION FOR

FILED

MINECON LLLP

(Name of Florida Limited Partnership or	r Limited Liability Limited Partnersh 1972 HAR 21 AH 8: 40	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on MARG	SECRETARY OF STATE of 620.1203, Florida Statutes, this Abdid Mage. FL ed partnership, whose certificate was filed with the	
FIRST: Reason for dissolution: (State why partnership is submitting dissolution) WE NO LONGER NEED THE LLLP		
SECOND: A Notice of Dissol (Check box if a		
Department of State.)	e than 90 days after the date this document is filed by the Florida s not meet the applicable statutory filing requirements, this date wil	
Signatures of each general partner or the p	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	