

A20000000178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

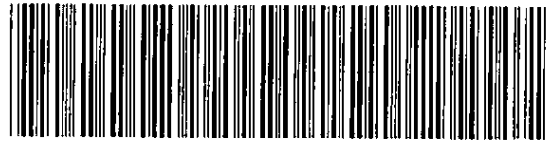
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TALLAHASSEE, FLORIDA



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F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 1200000000088

For any issues please contact

Cheyenne Davis

(850) 202-1882

Date: 07/12/2024

Name: Cheyenne Davis

Reference #: 2437499

Entity Name CIRCLE S PARTNERS, L.P.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion


☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other PLEASE ATTACH CERTIFIED COPIES UPON FILING

Authorized Amount: \$105.00

Signature: 



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TALLAHASSEE, FL 32301
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Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Circle S Partners, L.P.
(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:

Timothy D. Yeaglin
(Contact Person)

Lewis Rice, LLC
(Firm/Company)

600 Washington Avenue, Suite 2500
(Address)

St. Louis, MO 63101
(City, State and Zip Code)

For further information concerning this matter, please call:

Timothy D. Yeaglin at (314) 444-7848
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327

**CERTIFICATE OF DISSOLUTION
FOR**

2020 JUN 12 PM 3:27

Circle S Partners, L.P.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on May 6, 2020, assigned Florida document number A20000000178, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

The purposes of partnership fulfilled, and the partners looking for other investment opportunities.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75