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COVER LETTER

Division of Corporations SUBJECT: Consortax LLLP (Name of Plenich Limited Partnership or Limited Liebility Limited Partnership) The enclosed Certificate of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Alfredo De la Hóz (Contact Person) (FinntCompeny) 55 SE 6th St Unit 1910 (Address) Miami, FL 33131 (City, State and/Zip Code) (Name of Contact Person) (Name	man and a second	
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(Name of Planks Limited Partnership or Limited Limited Partnership) The enclosed Certificate of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to. Alfredo De la Hoz (Contact Person) (Address) Miami, FL, 33131 (Contact Person) (Contact Person) (Address) (Address) (Contact Person) (Address) (Division of Corporations	. ~ .
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2661 Executive Center Circle Tallahassee, FL 32314	Division of Corporations	Division of Corporations
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180808SEP. P.L. 523U (2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Postsonkin	الأدار ومدانية	in Vinited Phonometric
(Name of Florida Limited Partnership	or Limited L1800	na romania saunicizmb)
partnership or limited liability limi	ted partnershi	lorida Statutes, this Florida limited p, whose certificate was filed with the assigned Florida reby submits this Certificate of
FIRST: Reason for dissolution: (State why par	tiership is submitting dissolution)
Partners decided that the LLLP format th	,	•
		
SECOND: A Notice of Disso (Check box if a		hed.
THIRD: Effective date, if other than the	ander afflica	10/14/2020
(Effective date cannot be prior to nor mor	e than 90 days a	fter the date this document is filed by the Florida
Department of State.) Note: If the date inserted in this block doe not be listed as the document's effective d	es not meet the ap late on the Depar	pilicable standary filing requirements, this date will iment of State's records.
Signatures of each general partner or the p	erson appointed	pursuant to s. 620.1803(3) or (4), F.S.:
T. Viswarath.		
Wity where the T. Viswarath. (A. Ran Kant		
	•	3 5
Filing Fee:	\$52.50	
Certified Copy (optional): Certificate of Status (optional):	\$52,50 \$8,75	
Certained to Starting (options):	aci.is	14