

A21000000018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LP dissolution

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TALLAHASSEE FLORIDA

CT CORP
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3458 lakesore Drive
Tallahassee, FL 32312

Date: 02/08/2024

Acc#120160000072

mic DW

Name:	HELEN EXUM PARTNERS, LP
Document #:	
Order #:	15356758 - 3

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
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Amount: \$ **52.50**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

HELEN EXUM PARTNERS, LP

SUBJECT: _____
(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:

(Contact Person)

Ellen Exum Raoul , Genral partner for HELEN EXUM PARTNERS, LP

(Firm/Company)

323 James Bohanan Drive; Suite 15

(Address)

Vandalia, OH 45377

(City, State and Zip Code)

For further information concerning this matter, please call:

Ellen Exum Raoul

937

581-2244

at (_____)

(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
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

**CERTIFICATE OF DISSOLUTION
FOR**

FILED

HELEN EXUM PARTNERS, LP

2024 FEB -8 PM 12 04

(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 01/04/2021, assigned Florida document number A21000000018, hereby submits this Certificate of Dissolution.

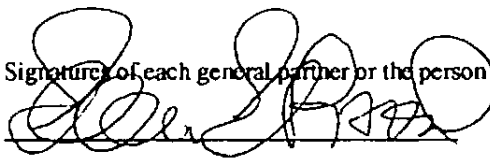
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

Property sold/business closed

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

THIRD: Effective date, if other than the date of filing: ASAP/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