

A21 000000470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

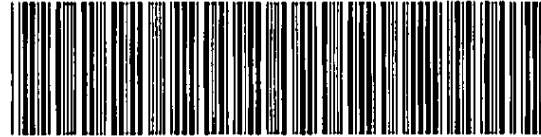
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 09100

11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIPLE W FOODS LLLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sarah Wilton
(Contact Person)

TRIPLE W FOODS LLLP
(Firm/Company)

5265 UNIVERSITY PARKWAY, SUITE 101-235
(Address)

University Park, FL 34201
(City, State and Zip Code)

For further information concerning this matter, please call:

Sarah Wilton at (941) 228-0563
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$52.50 Filing Fee	<input type="checkbox"/> \$61.25 Filing Fee and Certificate of Status	<input type="checkbox"/> \$105.00 Filing Fee and Certified Copy	<input type="checkbox"/> \$113.75 Filing Fee, Certified Copy, and Certificate of Status
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF TERMINATION
FOR**

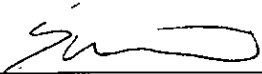

TRIPLE W FOODS LLLP

(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 09/01/2021, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

Signatures 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

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AND
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TALLAHASSEE, FLORIDA