A22000000138

(Red	(Requestor's Name)				
(Add	iress)	·			
(Add	11639)				
(Address)					
(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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2023 SEP 22 AM II: 50 SECRETARY OF STATE

APR 0 2 2024

COVER LETTER

TO: Regis	stration Section		
Division of C	Corporations		
SUBJECT:	Adobe Partners LLLP (Name of Florida Limited Part	nership or Limited Liability Limited	Partnership)
	l Certificate of Dissolution at all correspondence concernite	, ,	or filing.
	(Contac	t Person)	
Adobe Partners	s LLLP		
	(Firm/C	Company)	_
4501 Orchard I	Lane		co 🗠
	(Addi	ress)	ECT TA
Naples, Florida	a 34112		TALL ATA
	(City, State as	nd Zip Code)	()
For further in	nformation concerning this n	natter, please call:	OF STATE
Patrick Salome	:	at ()277-4	227
	(Name of Contact Person)	(Area Code) (Dayti	me Telephone Number)
Enclosed is a	a check for the following amo	ount:	
\$52.50 Filin	g Fee \$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET AI Registration Division of C Clifton Build 2661 Execut	Section Corporations	MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section orporations 27

Tallahassee, FL 32301



July 24, 2023

PATRICK SALOME ADOBE PARTNERS LLLP 4501 ORCHARD LANE NAPLES, FL 34112

SUBJECT: ADOBE PARTNERS LLLP

Ref. Number: A2200000138

We have received your document for ADOBE PARTNERS LLLP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You checked the box stating "A Notice of Dissolution is attached" but the notice is not attached. If you do not intend to include the Notice with your filing please clear the box stating it is attached.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 223A00016524

Diane Cushing Operations Manager A

CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Partnership o	r Limited Liabili	ity Limited Partnership)	
Pursuant to the provisions of sectio partnership or limited liability limit Florida Department of State on 03/0 document number A22000000138 Dissolution.	ed partnership 8/2022	o, whose certificate was filed wit	h the
FIRST: Reason for dissolution: (S	State why part	mership is submitting dissolution	1)
The purpose of the LLLP has been comple	eted.		
			2023 SEP 22 SECRETARY
SECOND: A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filing: 12/31/2022			RY OF STATE
(Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block doe not be listed as the document's effective date.	s not meet the a	pplicable statutory filing requirements.	
Signatures of each general partner or the p	erson appointed	pursuant to s. 620.1803(3) or (4), F.S.:	
<u> </u>	_	Patrick Salome	
She	_	Salvatore Cacciatore	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		