

(((H24000176701 3)))



H240001787013ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

DISS/TERM/CANCEL/REV OF LP/LLP SEGRA PRINCIPALS, LP

\*\*\*CORRECTED, PLEASE HONOR ORIGINAL!!
SUBMISSION DATE:OF
5/15/2024 1 10001

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$105.00

\*\*\*CORRECTED, PLEASE HONOR ORIGINAL SUBMISSION DATE OF 5/15/2024

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY MAY 17 2024 850-B17-B3B1

5/16/2024 12:34:49 PM PAGE 1/001 Fax Server



May 16, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEGRA PRINCIPALS, LP 501 S. FLAGLER DR., STE. 110 WEST PALM BEACH, FL 33401

SUBJECT: SEGRA PRINCIPALS, LP

REF: A23000000323

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet is for an amendment to LP/LLLP. We need the one for a dissolution.

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) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: E24000175663 Letter Number: 124A00010749

H24000175663

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Segra Principals, LP	Partnership or Limited Liability Limited Partnership)
(Name of Florida Limited	Partnership or climited Dabitity Climited Partnership)
The enclosed Certificate of Dissolutio Please return all correspondence conc Adam Rodman	
(C	ontact Person)
Segra Global Management, LLC	
(F	rm/Company)
2651 North Harwood Street, Suite 375	
	Address)
Dallas, TX 75201	
(City, Su	ste and Zip Code)
For further information concerning the	is matter, please call:
Adam Rodman	at (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	amount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate o Status	
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

H24000175663

## CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Partnership o	r Limited Liability Limited Partnership)
	n 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the 7/2023, assigned Florida, hereby submits this Certificate of, State why partnership is submitting dissolution) pals, LP has been authorized and consented to by all of its
FTRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
The voluntary dissolution of Segra Princip	pals, LP has been authorized and consented to by all of its
partners.	RUE
SECOND: A Notice of Disso (Check box if a THIRD: Effective date, if other than the (Effective date cannot be prior to nor more).	attached.)
Department of State.)	s not meet the applicable statutory filing requirements, this date will
Signatures of each general partner or the p	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75