

A26000000040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

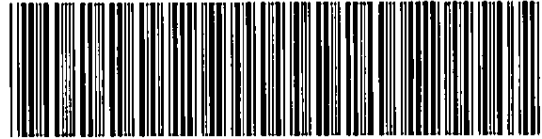
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600471858006

FILED STATE  
CLERK OF COURTS  
DIVISION OF CORPORATIONS  
25 APR 23 AM 9:02

RECORDED  
2026 APR 23 PM 11:28  
DIVISION OF CORPORATIONS

MAY 20 2025

D CUSHING



CSC - Tallahassee  
 1201 Hays Street  
 Tallahassee, FL 32301-2607  
 850-558-1500, Ext: x62969

FILE 3RD

To: Department Of State, Division Of Corporations  
 From: Amanda Miller  
 Ext: x62969  
 Date: 04/23/26  
 Order #: 6021915-3  
 Re: HCW TPA PAS LP  
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination  
 Amount to be deducted from our State Account: \$52.50 - FL State Account Number:  
 I20000000195

Please take the following action:

File in your office on basis  
 Issue Proof of Filing

Special Instructions:

FILED STATE  
 SECRETARY OF  
 DIVISION OF CORP.  
 26 APR 23 AM 9:02

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HCW TPA PAS LP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fec(s) are submitted for filing.  
Please return all correspondence concerning this matter to:

Alex LaLonde  
(Contact Person)

Henley Car Wash LP  
(Firm/Company)

510A Evernia Street  
(Address)

West Palm Beach, FL 33401  
(City, State and Zip Code)

For further information concerning this matter, please call:

Alex LaLonde at (561) 421-3581  
(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

RECEIVED  
 DIVISION OF CORPORATIONS  
 25 APR 23 AM 9:02



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2026

CSC - TALLAHASSEE  
C/O AMANDA MILLER

SUBJECT: HCW TPA PAS LP  
Ref. Number: A2600000042

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for HCW TPA PAS LP and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

The Notice of Dissolution cannot be filed on an active entity. You must file the Certificate of Dissolution before the notice can be filed. If you are going to file the notice along with the Certificate of Dissolution you must include the description of information that must be included in a claim on the form.

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.

Diane Cushing  
Operations Manager A

Letter Number: 026A00008748

**CERTIFICATE OF DISSOLUTION  
FOR**

HCW TPA PAS LP

\_\_\_\_\_  
(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 January 12, 2026, assigned Florida document number A2600000042, hereby submits this Certificate of Dissolution.

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


No longer needed

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

**THIRD:** Effective date, if other than the 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.

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

26 JUN 23 AM 9:02  
STATE OF FLORIDA  
DEPARTMENT OF STATE