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DAVID GERSHMAN ESQ

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Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIVEST SERVICE CORPORATION
Account Number : 120020000111
Phone : (305) 858-2200
Fax Number : (305) 858-1629

DISS/TERM/CANCEL/REV OF LP/LLP

TRIVEST 1992 SPECIAL FUND, LTD.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$52.50

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T. HAMPTON
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EXAMINER

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CERTIFICATE OF DISSOLUTION
FORTRIVEST 1992 SPECIAL FUND, LTD.

(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 June 25, 1992, assigned Florida document number A33112, hereby submits this Certificate of Dissolution.

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

CEASED DOING BUSINESS.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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

By: Trivest 1992 S.F. Manager, Inc., its general partnerBy: David Gershman, Principal

Filing Fee:	\$52.50
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