## A33454

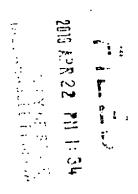
(Re	questor's Name)	
(Ad	dress)	<u></u>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<del>-</del>
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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03/28/19--01014--022 \*\*25.00 19/22/19--11025--015 \*\*25.50



B. BRUCE APR 22 2019



April 8, 2019

DALLAS CARROLL 3889 CATALINA DRIVE BRADENTON, FL 34210

SUBJECT: TRIPLE S OF PINELLAS LIMITED PARTNERSHIP

Ref. Number: A33454

We have received your document for TRIPLE S OF PINELLAS LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$27.50.

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II Letter Number: 519A00006892



TO: Registration Section

Tallahassee, FL 32301

**Division of Corporations** 

SUBJECT: TRIPLE S OF PINELLAS LIMITED  (Name of Sharing Luming Partnership or Limited Liability Limited Partnership)	PARTNERS
(Name of Florida Lumited Partnership or Limited Liability Limited Partnership)	
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:	
DALLAS ENPROEL (Contact Person)	
(Commercial and	
NONE	<del>_</del> _
(Firm Company)	
3889 CATALINA DR. (Address)	<del>_,,,</del>
(Address)	28
	<u></u>
BRADENTON, FL 34210 (City, State and Zip Code)	——— ਹੋਂ • ਹਿਤਾਰ ਵ
	22
For further information concerning this matter, please call:	2018 POR 22 TH 1: 3
705 785	<u>ن</u>
DALLAS CARROLL at (741 ) 795 7856 (Name of Contact Person) (Area Code) (Daytime Telephone S	Sumber)
(Name of Contact Cossis)	
the state of the fallowing amount:	
Enclosed is a check for the following amount:	
and Certificate of and Certified Copy Certified	Filing Fee, I Copy, and ate of Status
SALUE AND DECC	•
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS Registration Section Division of Corporation P. O. Box 6327 Tallahassee, FL 32314	ns

## CERTIFICATE OF DISSOLUTION FOR

TRIPLES OF PINELLAS LIMITED PAKTNERSILIA
Same 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 9/23/1972
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
SOLD THE ASSETS. (RETIRED
SOLD THE ASSET
SECOND: A Notice of Dissolution is attached.  (Check box if attached.)
THIRD: Effective date if other than the date of filing) 4/17/19 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida
(Effective date cannot be prior to nor more than 90 days after the date this ddcument is filed by the Florida
Department of State.)
not be listed as the document's effective date on the Department of State's records.
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.
Daline Pagade Gen Penr
Darie front
Lance Stout

\$52.50 =7 PREVIOUSLY PAID \$2500 \$52.50 REMAINING 2750 ENCLOSED

2

Filing Fee:

Certified Copy (optional): Certificate of Status (optional):