

A93000000132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

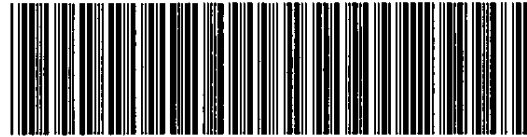
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/08/14--01033--022 **52.50

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14 SEP -8 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tri-Star Partnership, A Limited Partnership
(Name of Florida Limited 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:

Sandra L Lundquist
(Contact Person)

Tri Star Partnership, Ltd
(Firm/Company)

P O Box 291185
(Address)

Port Orange, FL 32129-1185
(City, State and Zip Code)

For further information concerning this matter, please call:

Sandra L Lundquist at (828) 400-9152
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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

**CERTIFICATE OF DISSOLUTION
FOR**

FILED
14 SEP -8 PM 1:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Tri-Star Partnership, A Limited Partnership

(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 21, 1993, assigned Florida document number A93000000132, hereby submits this Certificate of Dissolution.

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

The partnership has ceased all activities. All assets of the partnership have been

distributed to the limited partners and all debts and expenses have been paid.

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.:

Sandra L. Lundquist

Gen Partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Tri Star Partnership, A Limited Partnership

Description of information that must be included in a claim:

Date of the transaction; Detailed explanation of the claim;

Total amount of the claim

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)

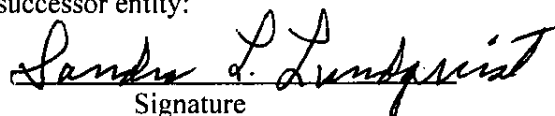
P O Box 291185, Port Orange, FL 32129-1185

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of notice.

Signature of a general partner or a principal of the successor entity:

Sandra L Lundquist, Gen Partner

Printed Name


Signature

Filing Fee: \$52.50

Certified Copy (optional): \$52.50