

A97000000486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

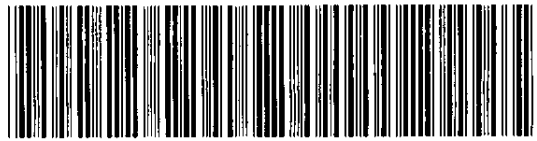
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



200303573292

09/18/17--01023--013 **113.75

FILED
17 SEP 18 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 19 2017

SMITH MOORE
LEATHERWOOD
ATTORNEYS AT LAW

Suite 1100
2 West Washington Street
Greenville, SC 29601

September 15, 2017

Via Federal Express

Florida Secretary of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

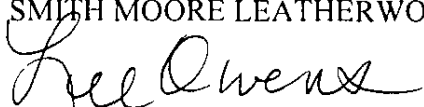
Re: The Triplitt Family Limited Partnership

Dear Sir or Madam:

Please find enclosed the following which I would appreciate being filed in your office immediately upon receipt:

1. One original and one photocopy of the Certificate of Dissolution for The Triplitt Family Limited Partnership.
2. Our firm's check in the amount of \$113.75 to cover the fee for the filing, a certified copy, and a Certificate of Status.

Also enclosed is a postage-paid envelope for your use in returning the requested documents directly to me. If you have any questions concerning this matter, please feel free to contact me. Thank you.

Sincerely,
SMITH MOORE LEATHERWOOD LLP

Lee Owens
Paralegal

/lo
Enclosures

GREENVILLE 1500935

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: The Triplitt Family 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:
Lee Owens

(Contact Person)

Smith Moore Leatherwood LLP

(Firm/Company)

PO Box 87

(Address)

Greenville, SC 29602

(City, State and Zip Code)

For further information concerning this matter, please call:

Lee Owens

at (864)

751-7699

(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

**CERTIFICATE OF DISSOLUTION
FOR**

The Triplitt Family 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 February 26, 2997, assigned Florida document number A97000000486, hereby submits this Certificate of Dissolution.

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

All of the partners of the partnership have agreed that it is in the best interest to terminate the partnership.

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.:

Diane W. Triplitt

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

FILED
17 SEP 18 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA