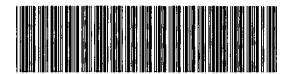
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(Requestor's Name)						
(Address)						
(Ad	ldress)					
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Na	me)				
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						





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IN 12 2015 J. HARRIS

COVER LETTER

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TO: Registration Division of	1 Section Corporations					
	PR FAMILY PAR f Florida Limited Partnersh					
(Name o	i Florida Limited Partnersh	up or Limi	tea Liabii	ny Limi	iteo Partnership)	
The enclosed Certi	ficate of Dissolution ar	nd fee(s)	are subn	nitted 1	for filing.	
Please return all co	rrespondence concerni	ng this m	atter to:			
·	Heather Cook					
	(Contact Person)			_		
	The Sembler Company			_		
	(Firm/Company)					
	5858 Central Avenue					
	(Address)			_		
St.	Petersburg, FL 33707-17	728				
•	(City, State and Zip Code)			_		
For further informa	tion concerning this m	atter, plea	ase call:			
Heathe	er Cook	at (727) 384	-6000, Ext. 3083	
(Name of Contact Person)			Area Code	and D	aytime Telephone Number)	
Enclosed is a check	for the following amo	unt:				
\$52.50 Filing Fee	☐ \$61.25 Filing Fee and Certificate of Status		5.00 Filing rtified Co		\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILING ADDRESS:				
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
Clifton Building			P. O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32301			i allah	assee,	FL 32314	

CERTIFICATE OF DISSOLUTION FOR

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TSCPR FAM (Name of Florida Limited Page 1)	ILY PARTNI artnership or Limite	ERSHIP #3, LTD. ed Liability Limited Partner	rship)
Pursuant to the provisions of section partnership or limited liability limited liability limited provided Department of State on	n 620.1203, Flor ed partnership, v	rida Statutes, this Flori whose certificate was f	da limited iled with the
FIRST: Reason for dissolution: (S	State why partne	rship is submitting diss	solution)
No Longer Doing Business			
SECOND: A Notice of Disso (Check box if atta		d.	
THIRD: Effective date, if other than the c	date of filing:		,
Effective date cannot be prior to nor more Department of State.)	: than 90 days after	the date this document is f	iled by the Florida
Signatures of each general partner of 6. 620.1803(3) or (4), F.S.:	or the person app	pointed pursuant to	
Sperry > Demble.	_		
	_		
	_		
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		201 1A1
Certificate of Status (optional):	\$8.75		2015 NOV -
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