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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: TRUM LUMITE (Name of Florida Limited Partner)	FD PARTNERSHIP riship or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolution and Please return all correspondence concerning ALEX TRUM (Contact P	g this matter to:
(Firm/Con	npany)
240 BROOKS ST	- UNIT C401
FORT WALTON E	OFNOUL TI 27 EUR
For further information concerning this ma	Zip Code) Atter, please call:
(Name of Contact Person)	at (850) 585-0535 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	int:
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

TRUM LIMI	ITED PARTNERSHIP
(Name of Florida Limited Partnership or	
partnership or limited liability limite	1 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 03/20/1998 assigned Florida 0742, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	tate why partnership is submitting dissolution)
NO LONGE	R NEEDED
FOR ESTATE	PLANNING PURPOSES
SECOND: A Notice of Dissol (Check box if at	
Department of State.)	than 90 days after the date this document is filed by the Florida s not meet the applicable statutory filing requirements, this date will
	2010
Signatures of each general partner or the pe	erson appointed pursuant to s. 620.1803(3) or (4). F.S.:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$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

Dissolution.	
Name of Dissolved Limited Partnership or Limited Liab	ility Limited Partnership:
Description of information that must be included in a cla	ıim:
Mailing address where claims can be sent: (Claims cannot be s	sent to the Florida Department of State)
ALEX TRUM	
240 BROOKS ST #C	401
FT. WALTON BCH, FL	
A claim against the above named limited partnership or will be barred unless a proceeding to enforce the claim is 4 years after the filing of the notice.	limited liability limited partnership s commenced within
Signature of a general partner or a principal of the succes	ssor entity:
ALEX TRUM JR	E Vanno Cas
Printed Name	Signature 3
Fee: No charge if included with Certificate of Dissolu \$52.50.	ution. If filed separately,

.. <u>:</u>