

A99000000293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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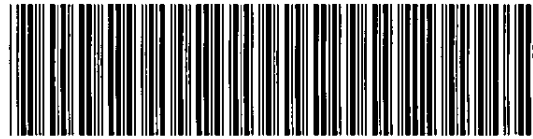
(Business Entity Name)

(Document Number)

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B. KOHR

MAY 1 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 551637 4371937

AUTHORIZATION :

COST LIMIT : \$ 52.50

*[Handwritten signature]*

ORDER DATE : April 30, 2008

ORDER TIME : 10:39 AM

ORDER NO. : 551637-010

CUSTOMER NO: 4371937

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DOMESTIC FILINGS

NAME: TRIVEST-CORVEST PARTNERS, LTD.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - EXT# 2930

EXAMINER'S INITIALS: \_\_\_\_\_

**CERTIFICATE OF DISSOLUTION  
FOR**

**TRIVEST-CORVEST PARTNERS, LTD.**

(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 23, 1999, hereby submits this Certificate of Dissolution.

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

No longer conducting business.

**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.:

TRIVEST-CORVEST, LLC  
  
By: Earl W. Powell, Manager

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

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