

1799000000898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

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2011 APR 18 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LEONARD  
STREET  
AND  
DEINARD

150 SOUTH FIFTH STREET SUITE 2300  
MINNEAPOLIS, MINNESOTA 55402  
612-335-1500 MAIN  
612-335-1657 FAX

April 13, 2011

Gail E. Partlow  
612-335-1636  
[gail.partlow@leonard.com](mailto:gail.partlow@leonard.com)

Secretary of State  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

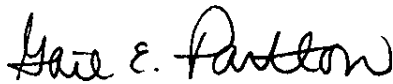
Enclosed for filing are the original and one copy of a Certificate of Dissolution and Statement of Termination for Tri Pro Euclid Limited Partnership.

A check in the amount of \$105.00 is enclosed to cover the \$52.50 filing fee for each document. Please send proof of filing to the undersigned in the self-addressed envelope provided. Thank you.

Very truly yours,

LEONARD, STREET AND DEINARD  
Professional Association

By



Gail E. Partlow  
Paralegal

/gep (20495-1)  
Encs.

cc: Eileen M. Day

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tri Pro Euclid 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:

Gail E. Partlow

(Contact Person)

Leonard, Street and Deinard PA

(Firm/Company)

150 South 5th Street, Suite 2300

(Address)

Minneapolis, MN 55402

(City, State and Zip Code)

For further information concerning this matter, please call:

Gail E. Partlow

(Name of Contact Person)

at ( 612 )

335-1636

(Area Code and 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

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR**

**TRI PRO EUCLID 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 June 4, 1999, assigned Florida document number A99000000898, hereby submits this Certificate of Dissolution.

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

All assets have been transferred out of the partnership, the partnership is no longer doing

any business, and the partnership has no liabilities.

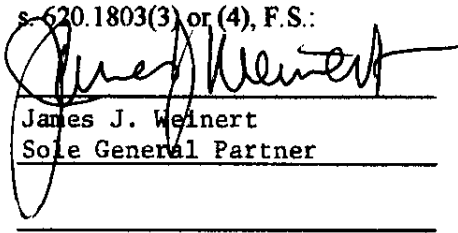
**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**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.:

  
James J. Weinert  
Sole General Partner

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

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TALLAHASSEE, FLORIDA  
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