

A99000001813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

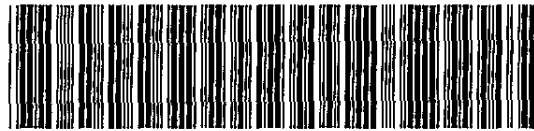
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/24/06--01037--017 **25.00

05/08/06--01021--004 **27.50

FILED
SECRETARY OF STATE
2006 MAY -8 AM 9:59

JB



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2006

KENNETH T. BARBER
4901 N. FEDERAL HWY
STE 100
FT LAUDERDALE, FL 33308

SUBJECT: HENNING/TRION BRICKELL VILLAGE, LTD.
Ref. Number: A99000001813

We have received your document for HENNING/TRION BRICKELL VILLAGE, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 906A00029085

52.50
- 25.00 PAID

27.50 Balance

FL
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY - 8 AM 9:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KENNING TRION BERKELL VILLAGE, LTD
(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:

KENNETH T. BARBER
(Contact Person)

TRION VENTURES III, INC
(Firm/Company)

4901 N FEDERAL HWY STE 100
(Address)

FORT LAUDERDALE FL 33308
(City, State and Zip Code)

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For further information concerning this matter, please call:

KENNETH T BARBER at (954) 491-3848
(Name of Contact Person) (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

**CERTIFICATE OF DISSOLUTION
FOR**

HENDING TRION BEICKEL VILLAGE, 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 _____, hereby submits this Certificate of Dissolution.

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

PROPERTY WAS SOLD

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

THIRD: Effective date, if other than the date of filing: 12-31-05

(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.:

KENNETH T. BARBER, Pres

James H. Sperry, Pres

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

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DIVISION OF CORPORATE
REGISTRATION

**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.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

HAUNTING TRON BRICKELL VILLAGE, LTD.

Description of information that must be included in a claim:

PROPERTY SOLD

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

HAUNTING TRON BRICKELL VILLAGE, LTD

4901 N FEDERAL HWY STE 100

FORT LAUDERDALE, FL 33308

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

KENNETH T. BARBER, Pres.

Printed Name

Kenneth T. Barber, Pres.

Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

2006 MAY - 8 AM 9:59

FILED
SECRETARY OF STATE
DIVISION 6