

A99000002166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

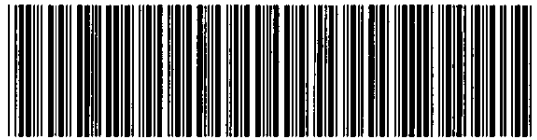
A-99-2166

(Document Number)

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FILED
08 MAY 27 AM 10:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. Gentry MAY 28 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2008

PHILLIP W. CLARK
15310 AMBERLY DRIVE
SUITE 300
TAMPA, FL 33647

SUBJECT: ENTERPRISE TITLE PARTNERS OF HILLSBOROUGH COUNTY,
LLP
Ref. Number: A99000002166

We have received your document for ENTERPRISE TITLE PARTNERS OF HILLSBOROUGH COUNTY, LLP 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.

Note the additional filing fee.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 508A00029321

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENTERPRISE TITLE PARTNERS OF HILLSBOROUGH
(Name of Florida Limited Partnership or Limited Liability Limited Partnership) COUNTY, LLP

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PHILLIP W CLARK
(Contact Person)

ENTERPRISE TITLE
(Firm/Company)

15310 AMBERLY DR # 306
(Address)

TAMPA, FL 33647
(City, State and Zip Code)

For further information concerning this matter, please call:

PHILLIP W CLARK at (813) 961-3391
(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**

ENTERPRISE TITLE PARTNERS OF HILLSBOROUGH COUNTY, LLP
(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 4/27/05 12/2/99, hereby submits this Certificate of Dissolution.

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

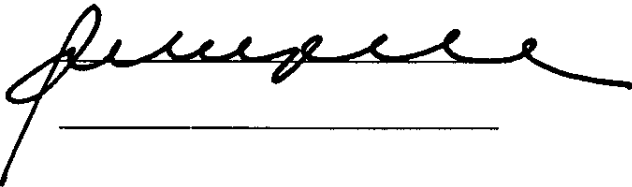
**CONSENT OF ALL GENERAL AND
LIMITED PARTNERS**

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.:



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

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TALLAHASSEE FLORIDA