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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : SAAVEDRA, GOODWIN  
Account Number : I20040000091  
Phone : (954)767-6333  
Fax Number : (954)767-8111

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2018 DEC 28 AM 9:27  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

DISS/TERM/CANCEL/REV OF LP/LLP  
G. MARTIN & A. VLEMINCKX AMUSEMENT INTERNATIONAL  
LLL

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$52.50

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** G. MARTEN & A. VLEMINCKX AMUSEMENT INTERNATIONAL, LLLP  
(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:  
Kimberly A. Fenichel

\_\_\_\_\_  
(Contact Person)

Saavedra Goodwin

\_\_\_\_\_  
(Firm/Company)

312 S.E. 17th Street, Second Floor

\_\_\_\_\_  
(Address)

Fort Lauderdale, FL 33316

\_\_\_\_\_  
(City, State and Zip Code)

For further information concerning this matter, please call:

Kimberly A. Fenichel at (954) 767-6333  
(Name of Contact Person) (Area Code) (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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 2013 DEC 28 AM 9:27  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION  
FOR**

**G. MARTEN & A. VLEMINCKX AMUSEMENT INTERNATIONAL, LLLP**

(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 April 25, 2002, assigned Florida document number A02000000520, hereby submits this Certificate of Dissolution.

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

The General and Limited Partners have resolved to dissolve the partnership in connection with the reorganization of their operations. A Plan of Liquidation and Dissolution for the Partnership has been adopted by the General and Limited Partners having an effective date of December 31, 2018.

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

**THIRD:** Effective date, if other than the date of filing: December 31, 2018

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of each general partner or the person appointed pursuant to s. 620.1303(3) or (4), F.S.:

[Signature]  
ALVIN VLEMINCKX

[Signature]  
PIERRE CLAYTON

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

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OFFICE  
TALLAHASSEE  
FLORIDA

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**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:  
G. MARTIN & A. VLEMINCKX AMUSEMENT INTERNATIONAL, L.L.P.

Description of information that must be included in a claim:

Name of claimant, Account or Invoice Number and copy of the same. A statement of services rendered or product purchased and the date upon which such as completed.

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

31096 US HIGHWAY 27, HAINES CITY, FL 33844

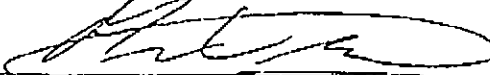
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DEPARTMENT OF STATE  
OFFICE OF PUBLIC  
AFFAIRS

FILED

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:

ALAIN VLEMINCKX  
Printed Name

  
Signature

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

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