## A 99000000 856

(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:				
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TALLAHASSEE, FLORID

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2014

GREG JACOBY 359 CAROLINA AVE. SUITE 200 WINTER PARK, FL 32789

SUBJECT: EPOCH-FLORIDA CAPITAL HOTEL PARTNERS, LTD.

Ref. Number: A9900000856

We have received your document for EPOCH-FLORIDA CAPITAL HOTEL PARTNERS, LTD. and your check(s) totaling \$52.50. 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) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 714A00004098

## **COVER LETTER**

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TO: Registration	n Section			
Division of	Corporations			
SUBJECT: Epo (Name o	<b>ch Florida Capital</b> of Florida Limited Partnersh	Hotel Partners, Lt	d ited Partnership)	
The enclosed Certi	ficate of Dissolution ar	nd fee(s) are submitted	_	
Please return all co	orrespondence concerni	ng this matter to:	2014 HAR 12	
Greg Jacoby			25 T	,
	(Contact Person)	<del></del>		
Epoch Properties, In	IC.			-
<u> </u>	(Firm/Company)	<u> </u>	FLORID	-  -
359 Carolina Ave; S	uite 200		D.M.	ñ
	(Address)			
Winter Park, FL 327	89			
	(City, State and Zip Code)			
For further information	ation concerning this m	atter, please call:		
Greg Jacoby		at ( 407 ) 644	1-9055	
(Name of Contact Person)		(Area Code and Daytime Telephone Number)		
Enclosed is a check	k for the following amo	ount:		
✓ \$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 ADDRE	ESS:	MAILING.	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
JAKI Livonitivo ( a	entant irala	Tallahaccaa	LI 27217	

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION **FOR**

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<b>Epoch Florida Capital Hote</b>	l Partners, Ltd	
(Name of Florida Limited P	artnership or Limited Liability Limited I	Partnership)
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on 05/2 document number A99000000856 Dissolution.	ed partnership, whose certificate 26/1999	was filed with the assigned Florida
FIRST: Reason for dissolution: (S	State why partnership is submittin	g dissolution)
Entity sold all assets		
		2014
SECOND: A Notice of Disso (Check box if atta		STALE LORIDA
THIRD: Effective date, if other than the o	date of filing: 12/31/2013	·
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this docume	nt is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	<b>o</b>
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	
Certificate of Status (optional):	\$8.75	