

L000000006041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

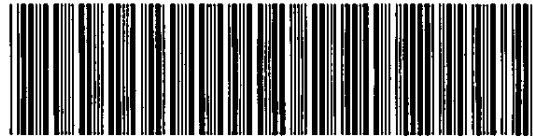
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2014 FEB 21 PM 3 16

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Epoch Florida Capital Hotel Partners Leasing, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Greg Jacoby

(Name of Person)

Epoch Properties, Inc

(Firm/Company)

359 Carolina Ave; Suite 200

(Address)

Winter Park, FL 32789

(City/State and Zip Code)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Greg Jacoby

(Name of Person)

at (407) 644-9055

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

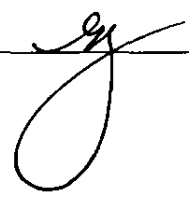
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Epoch Florida Capital Hotel Partners Leasing, LLC
2. The Articles of Organization were filed on 05/25/2000 and assigned
document number L00000006041
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2013
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
All assets were sold

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
- _____
- _____
- _____

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TALLAHASSEE, FLORIDA

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:

Signature	Printed Name
	<u>Greg Jacoby</u>

FILING FEE: \$25.00