

AD10000001102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

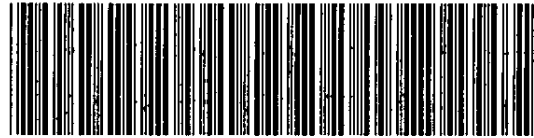
Special Instructions to Filing Officer:

L. SELLERS

JUL - 8 2008

EXAMINER

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FILED
08 JUL -7 AM 10:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVENTURA MARINA, 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:

DOUGLAS BISCHOFF
(Contact Person)
AVENTURA MARINA, LTD
(Firm/Company)
315 S. BISCAYNE BLVD. 3RD FLOOR
(Address)
MIAMI, FL 33131
(City, State and Zip Code)

For further information concerning this matter, please call:

DOUGLAS BISCHOFF at (305) 460-9900
(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
OF**

**AVENTURA MARINA, LTD.
(a Florida limited partnership)**

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on August 20, 2001, hereby submits this Certificate of Dissolution.

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

The partnership has completed its business purpose and has commenced winding up its activities in accordance with the terms of the Partnership Agreement.

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

THIRD: Effective date, if other than the date of filing: Upon 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.:

TRG-AVENTURA MARINA, INC.

By: 

Title: _____

AVENTURA MARINA, L.L.C.

By: 

Edward W. Easton

Title: Manager

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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:

AVENTURA MARINA, LTD.

Description of information that must be included in a claim:

Name and Address of Claimant

Amount and Nature of Claim

All written documentation supporting Claim

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

TRG-Aventura Marina, Inc.

315 S. Biscayne Blvd., 3rd Floor

Miami, FL 33131

Attention: Alan Losada and General Counsel

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:

TRG-Aventura Marina, Inc.

Printed Name

By: 

Signature

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

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TALLAHASSEE FLORIDA