

A040000002083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

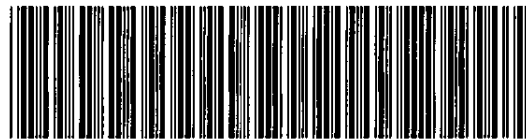
(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAR 19 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAK LAKEVIEW VENTURES LIMITED PARTNERSHIP
(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:

RANDY A. KOHANA
(Contact Person)

RAK GROUP, LLC
(Firm/Company)

270 LAFAYETTE STREET - SUITE 610
(Address)

NEW YORK, NY 10012
(City, State and Zip Code)

For further information concerning this matter, please call:

RANDY KOHANA at (212) 245-1601
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2012

RANDY A. KOHANA
270 LAFAYETTE STREET, STE. 610
NEW YORK, NY 10012

SUBJECT: RAK LAKEVIEW VENTURES LIMITED PARTNERSHIP
Ref. Number: A04000002083

We have received your document for RAK LAKEVIEW VENTURES LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Leslie Sellers
Regulatory Specialist II

Letter Number: 512A00007380

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12 APR -5 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

RAK LAKEVIEW LIMITED PARTNERSHIP

(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 12/28/2004, assigned Florida document number A04000002083, hereby submits this Certificate of Dissolution.

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

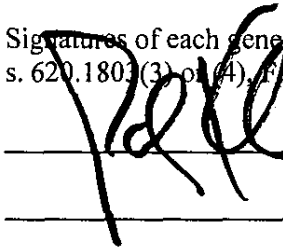
NO FURTHER BUSINESS OPERATIONS

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

THIRD: Effective date, if other than the date of filing: MARCH 19, 2012

(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. 620.1801(3) or (4), F.S.:



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 19 PM 3:31

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