

A01000000539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

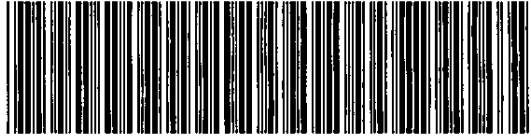
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
CORRECTION TO EFFECTIVE DATE
PER CONVERSATION WITH
BERNARD WOLFSON 2/15/2016
KS

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02/12/16--01007--029 **61.25

FILED
2016 FEB 12 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Win Inn Lodging, Ltd.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Bernard Wolfson
(Contact Person)

Hospitality Operations, Inc.
(Firm/Company)

50 SW 12 Street
(Address)

Miami FL 33130
(City, State and Zip Code)

For further information concerning this matter, please call:

Bernard Wolfson at (305) 373-0611
(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
FOR**

Win Inn Lodging, Ltd.

(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 16, 2001, assigned Florida document number A01000000539, hereby submits this Certificate of Dissolution.

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

Its affairs and business was concluded and
wound up as of December 1, 2015.

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2016 FEB 12 PM 4:21
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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

THIRD: Effective date, if other than the date of filing: FEBRUARY 12, 2016

(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.:

Hospitality Operations, Inc, _____
Sole General Partner _____
By: Bernard Wolfson _____
Bernard Wolfson, Pres. _____

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