A00 000 000459

(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:

Office Use Only



800365629188

05/10/21--01034--029 **\$2.50



COVER LETTER

TO:

Registration Section

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations HOSPITALITY ASSOCIATES OF DELAND FLORIDA, LTD. SUBJECT: (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: Sander Mednick, Managing Member of General Partner (Contact Person) Milestone Deland Management, LLC (Firm/Company) 729 E. Pratt Street, Suite 800 (Address) Baltimore, MD 21202 (City, State and Zip Code) For further information concerning this matter, please call: Mason Mednick, Authorized Agent (Name of Contact Person) Enclosed is a check for the following amount: \$52.50 Filing Fee \$61.25 Filing Fee \$105.00 Filing Fee S113.75 Filing Fee. and Certified Copy Certified Copy, and and Certificate of Certificate of Status Status MAILING ADDRESS: STREET ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P. O. Box 6327

Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

HOSPITALITY ASSOCIATES OF DELAND FLORIDA, 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 03/08/2000, assigned Florida document number A00000000459, hereby submits this Certificate of Dissolution.
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
Sold ail assets and ceased operation

SECOND: A Notice of Dissolution is attached. (Check box if attached.)
THIRD: Effective date, if other than the date of filing: May 1, 2021
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida
Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will
not be listed as the document's effective date on the Department of State's records.
- 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19
ും വ
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4). F.S.: F.
-Aught All - Ober - Obe
My dil dil di manda d
of Milestone Deland Minegement, LLC, of Milestone Deland Minegement LLC,
of Millistane Deland Minegement, LLC, treneral Partner of Hospitality Associates of Deland Florida, Ltd. of Milestane Deland Management LLC, treneral Partner of Hospitality Associates of Deland Florida, Ltd.
Filing Fee: \$52.50
Certificate of Status (antional): \$52.50