## A00000000578

(Requestor's Name) .
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:  CARRECTION TO EFFECTIVE DATE  PER CONVERSATION WITH  BERNARD WOLFSON 2/15/2016  KS

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2016 FEB 12 PM 4: 26

K.SALY EXAMINER FEB 15

## **COVER LETTER**

TO: Registration Section Division of Corporation				
SUBJECT:(Name of Florida	Center Hot a Limited Partnership	or Limited Liability Limit	ed Partnership)	
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Berna	ontact Person)  Lity Operation/Company)	<b>1</b>		
Hospital (Fin	Inty Operation (Company)	ons, Inc		
50 Sh	) 12 ST. (Address)			
Miami FL 33130 (City State and Zin Code)				
For further information co	oncerning this matt	er, please call:		
Bernard W	10 Ifson	at ( <u>305</u> ) <u>3</u> -	73-0611	
(Name of Contact Person) at (305) 373-06//  (Area Code and Daytime Telephone Number)				
Enclosed is a check for the	e following amoun	t:		
\$52.50 Filing Fee and State	Certificate of	☐ \$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

CERTIFICATE OF DISSOLUTION
FOR 2016
CUID FEB 12
CERTIFICATE OF DISSOLUTION FOR  20/6FEB 12 Ph 4: 26  (Name of Florida Limited Partnership or Limited Liability Limited Partnership): 1 APASSFE Ph 4: 26  Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited
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 4, 2000, assigned Florida document number A0000000578, 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.
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
F 1. 19
By: Bernard Wolfson, Pres
Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75