

Ado oooooo Lolo

(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

G. MCLEOD

MAY 16 2012

EXAMINER



300219532593

04/11/12-01016-019-  
\$52.50

05/11/12--01002--006 \*\*52.50

FILED  
12 MAY 15 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2012

OSCAR ROGER  
550 BILTMORE WAY PH II  
CORAL GABLES, FL 33134

SUBJECT: GABLES PARK TOWER, LTD.  
Ref. Number: A00000000666

We have received your document for GABLES PARK TOWER, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Gina McLeod  
Regulatory Specialist II

Letter Number: 112A00011775





GABLES PARK  
TOWER

May 1, 2012

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Attn: Gina McLeod  
Regulatory Specialists II

RE: GABLES PARK TOWER LTD  
REF. NUMBER A00000000666

Dear Ms. McLeod:

As you requested, enclosed are the fully completed and signed new cover letter and Certificate of Dissolution of the above referenced entity and an additional check for the amount of \$52.50 to complete the required amount of \$105.00 for the filing fee and certified copy.

Thank you for your assistance.

Sincerely,

Gables Park Tower LTD  
Gables Park Tower LLC, GP

Mayren R. Castro

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gables Park Tower 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:

Oscar Roger  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

550 Biltmore Way PH II  
(Address)

Coral Gables, FL 33134  
(City, State and Zip Code)

For further information concerning this matter, please call:

Oscar Roger at ( 305 ) 448-4091  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input checked="" type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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**

Gables Park Tower 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 04/17/2000, assigned Florida document number A00000000666, hereby submits this Certificate of Dissolution.

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

The Partnership has dissolved and is  
winding up its business.

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

**THIRD:** Effective date, if other than the date of filing: 12/31/2011

(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. 620.1203(3) or (4), F.S.:

[Signature], Manager  
Gables Park Tower LTD  
Gables Park Tower LLC, GP

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

**FILED**  
12 MAY 15 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA