

A020000000879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

A02 879

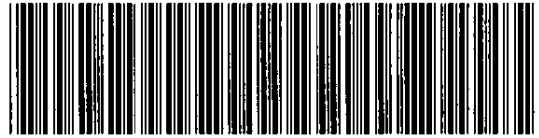
(Document Number)

Certified Copies _____ Certificates of Status _____

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900147891859

04/21/09--01029--011 **17.50

03/31/09--01032--026 **43.75

EFFECTIVE DATE
5/31/09

FILED
09 APR 21 PM 12:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O. G. MAY 12 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pelican Beach Hotel, 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:

Liz Kruse
(Contact Person)
Pelican Beach Hotel, Ltd.
(Firm/Company)
42 Brians Way
(Address)
Norridgewock, ME 04957
(City, State and Zip Code)

For further information concerning this matter, please call:

Liz Kruse at (207) 798-1403
(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

* A check for \$17.50 is enclosed.
A check was sent previously
in the amount of \$43.75. Please
see copy of letter dated April 3, 2009
enclosed.

Liz Kruse



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2009

LIZ KRUSE
42 BRIANS WAY
NORRIDGEWOCK, ME 04957

SUBJECT: PELICAN BEACH HOTEL, LTD.
Ref. Number: A02000000879

We have received your document for PELICAN BEACH HOTEL, LTD. and your check(s) totaling \$61.25. 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.

This document was received in our office on 03/31/09.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 409A00011281

CERTIFICATE OF DISSOLUTION
FOR

FILED

09 APR 21 PM 12:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pelican Beach Hotel, 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 June 26, 2002, assigned Florida document number A02000000879, hereby submits this Certificate of Dissolution.

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

Company no longer in
business

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

THIRD: Effective date, if other than the date of filing: 5/31/09

(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.:

Stephan L. Kruse

President/General Partner
Grand Pelican Beach,
Inc.

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