

A 0200000886

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HOLLAND & KNIGHT LLP
Account Number : I20000000112
Phone : (305)789-7758
Fax Number : (305)789-7799

FILED
2025 JAN 14 PM 3:07
TALLAHASSEE, FLORIDA

**DISS/TERM/CANCEL/REV OF LP/LLP
ALBALIDA ASSOCIATES, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$105.00

RECEIVED

2025 JAN 14 PM 1:17
ALBALIDA ASSOCIATES
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 15 2025

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**CERTIFICATE OF DISSOLUTION
FOR**

ALBALIDA ASSOCIATES, 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 06/26/2022, assigned Florida document number A02000000886, hereby submits this Certificate of Dissolution.

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

The partnership is no longer engaged in any business activity.

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

THIRD: Effective date, if other than the date of filing: N/A
(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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

x Allen Rosen
Allen Rosen

x Barbara Rosen
Barbara Rosen

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

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((H25000015898 3)))

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
2025 JAN 14 PM 3:07
TALLAHASSEE, FL 32301
SUGGESTED FILING METHOD

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
ALBALIDA ASSOCIATES, LTD.

Description of information that must be included in a claim:

The name of the claimant, the date of claim, the event giving rise to the claim, the amount claimed, and

the name, address and telephone number of contact to whom the limited partnership should reply to

regarding the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

17 Sheldrake Lane

Palm Beach Gardens, FL 33418

Attention: Allen Rosen

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Allen Rosen

Printed Name

Signed by:
X Allen Rosen
24C0ACCD7DC846D

Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

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