

AD-300000202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

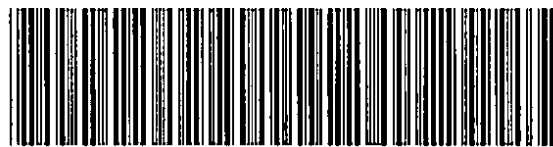
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/13/18--01015--024 **157.50

FILED
2018 DEC 13 P 4:37
TALLAHASSEE, FLORIDA



LevickRoth
CHICAGO • ATLANTA

Susan Ford
Paralegal
404-201-7842
sford@levickroth.com

December 11, 2018

BY 2ND DAY FEDERAL EXPRESS
850-245-6051

Florida Secretary of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Certificate of Dissolution, Notice of Dissolution and Certificates of
Withdrawal to be filed

Dear Sir or Madam:

I am enclosing the following:

1. Certificate of Dissolution for Sofran Fort Myers (ECK), Ltd.;
2. Notice of Dissolution for Sofran Fort Myers (ECK), Ltd.;
3. Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for The Sofran Corporation;
4. Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for RTR Holdings Inc.;
5. Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for ZS Holdings Inc.
6. Check in the amount of \$157.50 to cover the filing fees for the above documents; and
7. Self-addressed prepaid Federal Express envelope for your use in returning the filed documents to me.

FILED
DEC 13 P 4 37
TALLAHASSEE, FLORIDA

Florida Secretary of State
December 11, 2018
Page 2

Thank you!

Sincerely,

A handwritten signature in black ink, appearing to read "Susan Ford", written in a cursive style.

Susan Ford
Paralegal

Encl

cc: Orlando Marzano (By E-Mail)
Suzan E. Roth (By E-Mail)

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

SOFRAN FORT MYERS (ECK), 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 February 7, 2003, assigned Florida document number A03000000202, hereby submits this Certificate of Dissolution.

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

The limited partnership no longer owns property in Florida and is no longer doing business.

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

THIRD: Effective date, if other than the date of filing: December 31, 2018
(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.:

THE SOFRAN CORPORATION, a Delaware corporation, sole General Partner

By: 
Norman Zava Koff, Executive Vice President

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

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2018 DEC 13 P 4:37
CLERK OF THE COURT
STATE OF FLORIDA

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

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:
SOFRAN FORT MYERS (ECK), LTD.

Description of information that must be included in a claim:

Any claim must include a complete description, including: (a) the name of the claimant; (b) the address of

the claimant; (c) telephone numbers of claimant and other means of contact, such as email address; (d)

description and amount of the claim; (e) the date(s) of the transaction or events giving rise to the claim; and
(f) any other pertinent information and documentation concerning the claim.

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

c/o Sofran Group

5500 Ave Royalmount, Suite 300

Montreal, Quebec Canada H4P 1H7

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:

THE SOFRAN CORPORATION, a Delaware corporation, sole
General Partner

By: 

Norman Zavalkoff, Executive Vice President

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

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