AD400001414

(R	Requestor's Name)	· · · · · · · · · · · · · · · · · · ·		
(A	ddress)			
(A	address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				

Office Use Only



200314890972

200314890972 06/04/18--01005--002 **25.00

06/28/18--01029--025 **27.50

18 JUN 25 PN 3-59
SECRETARY OF STATE

O SIMMONS
JUL 0.2 2018



June 5, 2018

THERESA WHITING 30 W MASHTA DR, STE 400 KEY BISCAYNE, FL 33149

SUBJECT: MARIETTA SQUARE, LTD.

Ref. Number: A0400001414

We have received your document for MARIETTA SQUARE, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$27.50.

The form you submitted is for a GENREAL PARTNERSHIP, but your entity is a FLORIDA LP. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 418A00011642

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registra	tion Section				
Division of Cor	porations				
SUBJECT:	MARIETTA SQUARE,	LTD.			
.,0131.01.	(Name of Florida Limited Par	(Name of Florida Limited Partnership or Limited Liability Limited Partnership)			
	ertificate of Dissolution a l correspondence concern NIC	nd fee(s) are submitted for ing this matter to:	filing.		
	(Contac	et Person)	<u> </u>		
COMMODORE R	REALTY, INC.				
	(Firm/C	Company)			
30 WEST MASHTA DRIVE, SUITE 400					
-	(Add	ress)			
KEY BISCAYNE	, FL 33149		기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기		
	(City, State a	nd Zip Code)			
For further info	rmation concerning this n	natter, please call:			
CLAUDIA RIDGE		305 3652600 X 33			
(?	Name of Contact Person)	(Area Code) (Daytim	e Telephone Number)		
Enclosed is a ch	neck for the following am	ount:			
■\$52.50 Filing F	ee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy. and Certificate of Status		
STREET ADDRESS:		MAILING AI	DDRESS:		
Registration Sec		-			
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327			
2661 Executive Center Circle		Tallahassee, FL 32314			

Tallahassee, Fl. 32301

CERTIFICATE OF DISSOLUTION FOR

MARIETTA SQUARE, LTD.			
(Name of Florida Limited Partnership o	r Limited Liability Limite	d Partnership)	
		certificate was filed , assigned	with the Florida
FIRST: Reason for dissolution: (State why partnership	is submitting dissolu	ition)
LIMITED PARTNERS HAVE ELECTED	O TO DISSOLVE THE L	го.	SE SE
			58 E 7
			# Z 7
			Section 1
			77.72
			- 5 0
SECOND: A Notice of Disso (Check box if a			NOA SOA
THIRD: Effective date, if other than th (Effective date cannot be prior to nor mor Department of State.) Note: If the date inserted in this block doe not be listed as the document's effective d	than 90 days after the dos s not meet the applicable s	statutory filing requireme	
Signatures of each general partner or the p		to s. 620.1803(3) or (4).	F.S.:
Filing Fee:	\$52.50		
Certified Copy (optional):	\$52.50 \$52.50		
Certificate of Status (optional):	\$8.75		