

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 31 AM 11:19

**DISS/TERM/CANCEL/REV OF LP/LLP
FAIRFAX HOTEL PARTNERSHIP, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

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DIVISION OF CORPORATIONS
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INFORMATION SERVICES

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JAN 02 2015
J. HARRIS

**CERTIFICATE OF DISSOLUTION
FOR**

Fairfax Hotel Partnership 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 Oct 27, 2005, assigned Florida document number A0600000 1972, hereby submits this Certificate of Dissolution.

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

business concluded for this entity

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

THIRD: Effective date, if other than the date of filing: _____

(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.:

[Signature]

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

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**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:

Fairfax Hotel Partnership Ltd

Description of information that must be included in a claim:

business concluded for this entity

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

444 N Michigan Ave. # 3500
Chicago, IL 60611

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:

Ari Levy

Printed Name

[Signature]

Signature

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

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