

A 06 00000 0108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

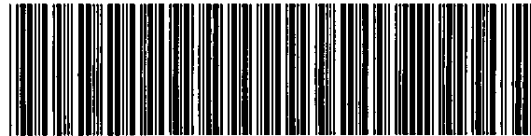
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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16 DEC 27 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LevickRoth
CHICAGO • ATLANTA

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

December 22, 2016

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 of Sofran Dade City, Ltd.

Dear Sir or Madam:

Enclosed are the following documents in connection with the dissolution of Sofran Dade City, Ltd.:

1. Cover letter;
2. Certificate of Dissolution; and
3. Notice of Dissolution.

Also enclosed are (a) a check in the amount of \$52.50 to cover the filing fee for the above documents, and (b) a self-addressed prepaid Federal Express envelope for your use in returning the filed documents to me.

Thank you!

Sincerely,

Susan Ford
Paralegal

Encl

cc: Mr. Orlando Marzano (w/ encl – By E-Mail)
Suzan E. Roth, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sofran Dade City, 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:

Susan Ford

(Contact Person)

LevickRoth

(Firm/Company)

999 Peachtree Street NE

Suite 855

(Address)

Atlanta, Georgia 30309

(City, State and Zip Code)

For further information concerning this matter, please call:

Susan Ford

at (404) 201-7842

(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

**CERTIFICATE OF DISSOLUTION
FOR**

Sofran Dade City, 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 January 20, 2006, assigned Florida document number A06000000108, hereby submits this Certificate of Dissolution.

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

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, 2016

(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.:

The Sofran Corporation, a Delaware corporation

By: 
Norman Zavalkoff
Executive Vice President

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Sofran Dade City, Ltd.

Description of information that must be included in a claim:

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

By: _____

Norman Zavalkoff, Executive Vice President

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

16 DEC 27 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED