

A06 0000000270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

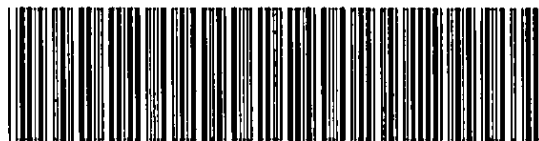
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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M. SOLOMON

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** Florida Value Fund, LLLP  
(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:

Gil Hermon  
(Contact Person)

Florida Value Fund, LLLP  
(Firm/Company)

2875 NE 191st Street PH-2A  
(Address)

Aventura, Florida 33180  
(City, State and Zip Code)

For further information concerning this matter, please call:

Gil Hermon at ( 305 ) 933-5800  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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**

Florida Value Fund, LLP

(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 02/14/2006, assigned Florida document number A06000000270, hereby submits this Certificate of Dissolution.

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

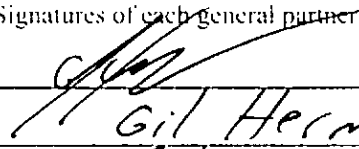
✓ The business is no longer active.

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

**THIRD:** Effective date, if other than the date of filing: 12/01/2019  
(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.:

  
Gil Herman  
Partner

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

2019 DEC 23 PM 3:04

FILED

**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:

Florida Value Fund, LLP

Description of information that must be included in a claim:

Please include all information relevant.

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

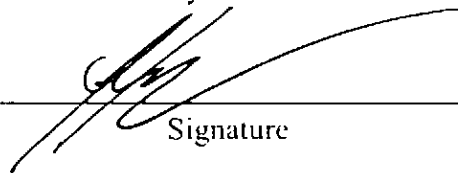
2875 NE 191<sup>st</sup> Street - PH-2A  
Aventura, Florida 33180

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:

Gil Hermon

Printed Name



Signature

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

2019 DEC 23 PM 3:04

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2019

GIL HERMON  
2875 NE 191ST ST SUITE PH-2A  
AVENTURA, FL 33180

SUBJECT: THE FLORIDA VALUE FUND, LLLP  
Ref. Number: A06000000270

We have received your document for THE FLORIDA VALUE FUND, LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a LLLP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott  
Regulatory Specialist II

Letter Number: 219A00008404

**RECEIVED**

DEC 23 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2019

GIL HERMON  
2875 NE 191ST ST SUITE PH-2A  
AVENTURA, FL 33180

SUBJECT: THE FLORIDA VALUE FUND, LLLP  
Ref. Number: A06000000270

We have received your document for THE FLORIDA VALUE FUND, LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include the description of occurrence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott  
Regulatory Specialist II

Letter Number: 819A00006633

*Please see attached*

**RECEIVED**  
APR 25 2019