

A06685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

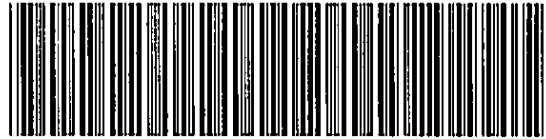
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400320642364

11/13/18--01023--021 **61.25

FILED
2018 NOV 13 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FL

HERZOG LAW FIRM

November 9, 2018

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314


Re: Palm Beach Hotels, Ltd.
No. A06685

Dear Sir or Madam:

I enclose the original, executed certificate of dissolution for the subject limited partnership along with the notice of dissolution. Also enclosed is our firm check in the amount of \$61.25 in payment of the filing fee and certificate of status.

Any inquiries or correspondence concerning this matter should be sent to the undersigned. Telephone contact is 518-641-0033 and email is jreilly@herzoglaw.com.

Very truly yours,


James M. Reilly

JMR/mm
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALM BEACH HOTELS, LTD.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JAMES M. REILLY
(Contact Person)

HERZOG LAW FIRM P.C.
(Firm/Company)

7 SOUTHWOODS BLVD.
(Address)

ALBANY, NY 12211
(City, State and Zip Code)

For further information concerning this matter, please call:

JAMES M. REILLY at (518) 641-0033
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

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

PALM BEACH HOTELS, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

FILED
2018 NOV 13 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FL

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 08/01/1978, assigned Florida document number A06685, hereby submits this Certificate of Dissolution.

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

Partnership has discontinued its business and is winding up all its affairs

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

THIRD: Effective date, if other than the date of filing: 12/31/2018
(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.:

[Signature]

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

**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:
PALM BEACH HOTELS, LTD.

Description of information that must be included in a claim:

DATE, TIME AND PLACE OF INCIDENT

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

JAMES M. REILLY, HERZOG LAW FIRM P.C.

7 SOUTHWOODS BLVD.

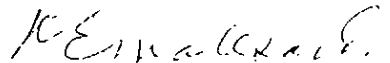
ALBANY, NY 12211

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:

ROBERT E. MALESARDI

Printed Name



Signature

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