#A1000000196

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
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K. SALY EXAMINER

NOV 2 2011



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2011

GSD MANAGEMENT SERVICES, LLC RATINDER SIDHU 6329 STATE ROAD 54 NEW PORT RICHEY, FL 34653

SUBJECT: GSD HOSPITALITY GROUP HOLDINGS, LP

Ref. Number: A1000000196

We have received your document for GSD HOSPITALITY GROUP HOLDINGS, LP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A "CERTIFICATE OF DISSOLUTION" form must be filed before the "STATEMENT OF TERMINATION". Enclosed is the "CERTIFICATE OF DISSOLUTION" form for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 011A00023846

COVER LETTER

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Division of	Corporations			
	HOSPITALITY G			
(Name o	f Florida Limited Partnersh	ip or Limited Liability Lin	mited Partnership)	
The enclosed Certi	ficate of Dissolution an	d fee(s) are submitted	d for filing.	
Please return all co	rrespondence concerni	ng this matter to:		
RATINDER SIDHU				
	(Contact Person)	•		
GSD MANAGEMEN	T SERVICES, LLC			
•	(Firm/Company)			
6329 STATE ROAD	54			
	(Address)			
NEW PORT RICHEY	′, FL 34653			
	(City, State and Zip Code)			
For further informa	tion concerning this ma	atter, please call:		
RATINDER SIDHU		at (727)_84	44-5552	
(Name of Contact Person)			Daytime Telephone Number)	
Enclosed is a check	for the following amo	unt:		
\$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 ADDRE	SS:	MAILING	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P. O. Box (5327 e, FL 32314	
Tallahassee, FL 32		i ananassec	, I L J2J14	

CERTIFICATE OF DISSOLUTION **FOR**

FILED

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(Name of Florida Limited P	artnership or Limited Liability Limited Partnership)
partnership or limited liability limit	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the April 02,2010, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
BUSINESS CLOSED	
SECOND: A Notice of Disso (Check box if atta	ched.)
THIRD: Effective date, if other than the	nate of filling:
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50 \$52.50
Certificate of Status (optional):	\$8.75