

3/22/2019

Division of Corporations

A10000000274

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

FILED
2019 MAR 22 AM 8:41
TALLAHASSEE, FL

**DISS/TERM/CANCEL/REV OF LP/LLP
LF2/PARADISE VENTURES LP**

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

2019 MAR 22 PM 12:16

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Corporate Filing Menu

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J. PRATT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LF2/PARADISE VENTURES LP

(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:
Ryan Mulligan

(Contact Person)

Corporate Creations International Inc.

(Firm/Company)

11380 Prosperity Farms Road #221E

(Address)

Palm Beach Gardens, Florida 33410

(City, State and Zip Code)

For further information concerning this matter, please call:

Ryan Mulligan

81

561

694-8107

(Name of Contact Person)

(Area Code)

(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

LF2/PARADISE VENTURES LP

(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 05/12/2010, assigned Florida document number A10000000274, hereby submits this Certificate of Dissolution.

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

The limited partnership is no longer transacting business in the State of Florida.

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.)

Notes: 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.:

By its GR: LF2/Paradise LLC

Per: _____

Robert S. Green, Manager

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

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2019 MAR 22 AM 8:41
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STATE