Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 : (407)418-2435 Phone

: (407)420-5909 Fax Number

DISS/TERM/CANCEL/REV OF LP/LLP ORLANDO PRO HOCKEY OPERATIONS, L.P.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$61.25

DEC 01 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

From: Heather Irving

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CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Partnership or		ity Limited Partnership)	2021
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on Sept document number Al 1000000721 Dissolution.	d partnership tember 29, 201	p, whose certificate was filed with the 1, assigned Florida	2021 NOV 30 HILLS
FIRST: Reason for dissolution: (S	tate why part	mership is submitting dissolution)	
The sale of substantially all of the assets of	the limited par	tnership, and the written consent of the	
partners			
			,
SECOND: A Notice of Dissol (Check box if at		hed.	
Department of State.)	than 90 days a not meet the a	fter the date this document is filed by the Florida pplicable statutory filing requirements, this date w	
Signatures of each general partner or the poor of the	erson appointed	By: Joseph J Hala	<u></u> ,
		Joseph Haleski, Sole Member	-
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		

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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: Orlando Pro Hockey Operations, L.P>
Description of information that must be included in a claim:
Date, amount of claim, detail of basis of claim
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
9095 SE Old St. Lucie Blvd.
Stuart, FL 34996
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:
Joseph Haleski, Manager of Orlando Pro Ho
Printed Name Signature

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