

Dec 18 2018 11:54AM H... Fax
12/18/2018

A130000000457

Florida Department of State
Division of Corporations
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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

DISS/TERM/CANCEL/REV OF LP/LLP
24TH AVENUE VACATION VILLAS LTD.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

2018 DEC 18 AM 11:55

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 DEC 18 AM 8:55

FEL

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DEC 18 2018

A. LUNT

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: 24th Avenue Vacation Villas Ltd.

(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:

Deborah E. Kalstek, Paralegal

(Contact Person)

Hudgson Russ LLP

(Firm/Company)

140 Pearl St., Ste. 100

(Address)

Buffalo, NY 14202

(City, State and Zip Code)

For further information concerning this matter, please call:

Deborah E. Kalstek, Paralegal

at (716) 848-1371

(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

18 DEC 18 AM 8:55
CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

24th Avenue Vacation Villas Ltd.

(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 08/27/2013, assigned Florida document number A13000000457, hereby submits this Certificate of Dissolution.

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

The limited partnership is no longer conducting 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.)

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.

Signature of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.: _____

24th Avenue Vacation Villas (NB) Ltd. Corp.

By: Fred Armstrong

Name: _____

Title: FRED ARMSTRONG

Pres

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