

A13398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

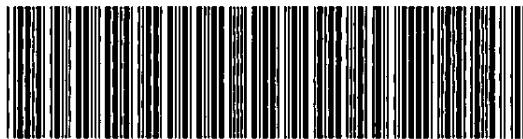
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/09--01023--019 **25.00

06/04/09--01024--001 **27.50

FILED
2009 JUN -3 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY - 5 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Plaza Suite Hotel, LTD-A
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael J. Hart
(Name of Person)

MMI Hotel Group
(Firm/Company)

P.O. Box 320009
(Address)

Flowood, MS 39232
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael J. Hart at (601) 936-3666
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2009

MICHAEL J. HART
MMI HOTEL GROUP
PO BOX 320009
FLOWOOD, MS 39232

SUBJECT: ORLANDO PLAZA SUITE HOTEL, LTD.-A.
Ref. Number: A13398

We have received your document for ORLANDO PLAZA SUITE HOTEL, LTD.-A and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$27.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.



The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 509A00015197

Co. 8
8955.000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Plaza Suite Hotel, LTD. - A
(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:

Michael J. Hart
(Contact Person)

mmi Hotel Group
(Firm/Company)

P.O. Box 320009
(Address)

Flowood, MS 39232
(City, State and Zip Code)

For further information concerning this matter, please call:

_____ at (601) 936-3666
(Name of Contact Person) (Area Code and 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**

FILED

2009 JUN -3 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Orlando Plaza Suite Hotel, LTD. - A

(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 11-3-1982, assigned Florida document number A13398, hereby submits this Certificate of Dissolution.

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

Sold business

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.)

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

Michael J. Hart
(Signature)

Michael J. Hart

Printed Name

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**

FILED

2009 JUN -3 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Plaza Suite Hotel, LTD.-A

Description of information that must be included in a claim:

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

P.O. Box 320009
Flowood, MS 39232

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:

Michael J. Hart
Printed Name

Michael J. Hart
Signature

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