

A14000000546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

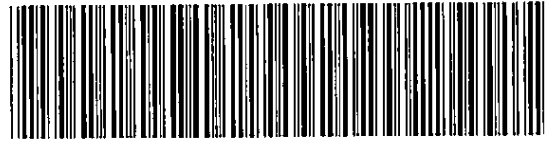
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

0910123

need dissolution

Office Use Only *first*



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S. CHATHAM
OCT - 5 2023

2023 OCT 11 AM 7:36



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2023

GUL JACOBI
8171 YONGE ST #185
THORNHILL, ON, L3T 2C6, CA

SUBJECT: 82ND APARTMENTS LP
Ref. Number: A14000000546

We have received your document for and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Notice of Dissolution must be filed before a Statement of Termination can be filed.

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

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 323A00014712

SEP 01 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 82nd Apartments LP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

Gul Jacobi
(Contact Person)

(Firm/Company)

8171 Yonge St. #185
(Address)

Thornhill ON L3T 2C6
(City, State and Zip Code)

For further information concerning this matter, please call:

Gul Jacobi at (416) 505-0620
(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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

already paid and acknowledged by your
cover letter.

**CERTIFICATE OF DISSOLUTION
FOR**

82ND APARTMENTS 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 10/14/2014, assigned Florida document number A14000000546, hereby submits this Certificate of Dissolution.

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

The property that the LP owned has been sold and the LP is no longer active and will not have any

activity in the future

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.

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

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

2014 OCT 14 AM 7:06

**CERTIFICATE OF DISSOLUTION
FOR**

82ND APARTMENTS LP

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