

A15000000372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

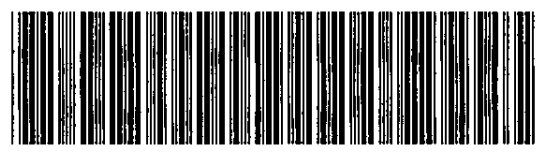
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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03/26/18--01032--023 **25.00

04/16/18--01018--016 **27.50

FILED
18 APR 11 PM 4: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
APR 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIDDEN LAKE SENIOR LIVING, LLLP.
(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:

ALVARO L. ADRIAN
(Contact Person)

ADRIAN BUILDERS
(Firm/Company)

2460 S.W. 137 AVENUE, #245
(Address)

MIAMI, FL 33175
(City, State and Zip Code)

For further information concerning this matter, please call:

MICHELLE DE TIRADO at (305) 485-5501
(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

FILED
18 APR 11 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HIDDEN LAKE SENIOR LIVING, LLLP.

(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 06-04-2015, assigned Florida document number A1500 000 0372, hereby submits this Certificate of Dissolution.

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

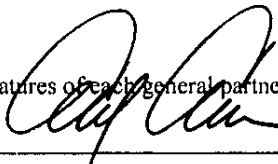
COMPANY FORMED FOR THE CONSTRUCTION OF A
SENIOR LIVING FACILITY. THE LAND WAS SOLD
AND THE PROJECT CANCELLED.

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.:

x 
by its General Partner
Hidden Lake Senior Living, Inc.
AWARO L. ADRIAN, President.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

APR 02 2018

March 27, 2018

ADRIAN BUILDERS
ALVARO L. ADRIAN
2460 SW 137 AVE. #245
MIAMI, FL 33175

SUBJECT: HIDDEN LAKE SENIOR LIVING, LLLP
Ref. Number: A15000000372

We have received your document for HIDDEN LAKE SENIOR LIVING, LLLP 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 LLC, but your entity is a LLLP. Please complete and return the enclosed blank form(s).

Please return 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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 118A00006165

RECEIVED
APR 11 2018