## AISOCCOOTY 10

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Document Number)		
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D. SCOTT MAR 2 3 2017

## **COVER LETTER**

TO: Registration	n Section		
Division of	Corporations		
SUBJECT:(Name o	DREAMELS TO Florida Limited Partnersh	KESORTS LLLP ip or Limited Liability Lim	ited Partnership)
The enclosed Certi	ficate of Dissolution an	nd fee(s) are submitted	for filing.
Please return all co	rrespondence concerni	ng this matter to:	
Ste	PHANIE CLARA (Contact Person)	<u> </u>	
( 0 ) = 0	(Firm/Company)		
<u>6815 Bi</u>	(CAYNE BLVD., (Address)  1 FL 33/38 (City, State and Zip Code)	# 103-192	
MiAm	1, FL 33/38		
	(City, State and Zip Code)		
For further informa	tion concerning this m	atter, please call:	
STEPHA	NIE CLARIC	_at(954)	621-543450 =
(Name of Cor	ntact Person)	(Area Code and D	aytime Telephone Number)
Enclosed is a check	for the following amo	ount:	LET 22
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	aytime Telephone Number)  S113.75 Filing Fee, Certified Copy, and Certificate of Status  ADDRESS: Section
STREET ADDRESS: MAILING ADDR		ADDRESS:	
Registration Section Registration Section		Section	
Division of Corporations Division of Corporation		Corporations	
Clifton Building		P. O. Box 63	327
2661 Executive Center Circle		Tallahassee,	FL 32314
Tallahassee, FL 32	2301		

## CERTIFICATE OF DISSOLUTION FOR

DRE AMERS	RESORTS LLLP
(Name of Florida Limited Pa	artnership or Limited Liability Limited Partnership)
partnership or limited liability limited	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the <u>JANUARY 1, 2016</u> , assigned Florida <u>OO746</u> , hereby submits this Certificate of
$\mathcal{O}$	State why partnership is submitting dissolution)
	BEING DISSOLVED DUE TO
CANCELLATION	OF ROCK CLIFF JAMAICA PROJECT.
SECOND: A Notice of Disso (Check box if attac	olution is attached. ched.)
THIRD: Effective date, if other than the c	late of filing: February 1, 2017.
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by the Florida
Signatures of each general partner of s. 620,1803(3) or (4), F.S.:	or the person appointed pursuant to
Steplane Clore Kesnier Frat	
Kesuien Fral	
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

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:
DREAMERS RESORTS LLLP
Description of information that must be included in a claim:
NAME OF CLAIMANT
DETAILS FOR CLAIM
CONTACT PERSON, CONTACT NUMBERY EMAIL
COPIES OF SUPPORTING DOCUMENTATION VERIFILING CLAIM
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
ATTN: STEPHANIE CLARIC TO T
6815 BISCAYNE BLUA.
#103-192
ATTN: STEPHANIE CLARIC  6815 BISCAYNE BLUA.  # 103-192  MIAMI, FL 33/38  A claim against the above named limited partnership or limited liability limited
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:
STEPHANIE CLARK Stephanie Clark
Printed Name Signature

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