

A16000000063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

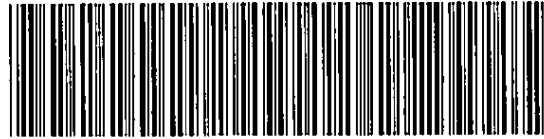
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

*Dissolution*

JUN 29 2023

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ESJ VILLAGES AT COPPERFIELD, L.P.  
(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:  
ARNAUD SITBON

(Contact Person)  
ESJ ASSET MANAGEMENT  
(Firm/Company)  
19950 W. COUNTRY CLUB DR. SUITE 800  
(Address)  
AVENTURA, FL 33180  
(City, State and Zip Code)

For further information concerning this matter, please call:

JOHANNA DAYAN at (305) 767-2567  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2023

ARNAUD SITBON  
ESJ ASSET MANAGEMENT LLC  
19950 W COUNTRY CLUB DR., SUITE 800  
AVENTURA, FL 33180

SUBJECT: ESJ VILLAGES AT COPPERFIELD L.P.  
Ref. Number: A16000000063

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

The Notice of Dissolution must contain a description of information that should be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

If the notice is being filed with the Certificate of Dissolution you must check the box.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 723A00007960



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2023

ARNAUD SITBON  
ESJ ASSET MANAGEMENT LLC  
19950 W COUNTRY CLUB DR., SUITE 800  
AVENTURA, FL 33180

SUBJECT: ESJ VILLAGES AT COPPERFIELD L.P.  
Ref. Number: A16000000063

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

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

Sold property is not acceptable. You must state what needs to be in a claim if you are ever sued.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 323A00011181

**CERTIFICATE OF DISSOLUTION  
FOR**

ESJ VILLAGES AT COPPERFIELD, 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 JANUARY 27, 2016, assigned Florida document number A16000000063, hereby submits this Certificate of Dissolution.

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

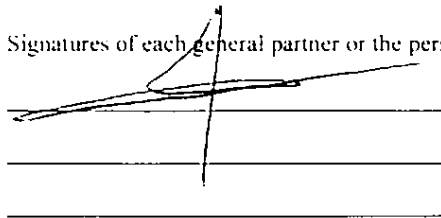
The partner of the LP have consented in writing to dissolve the LP

**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: December 31, 2022  
(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.:



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUN -6 AM 11:32

FILED

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