

A16425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Berry Pines Apartments, Ltd.
(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:

Tzippy Rothenberg
(Contact Person)

Berry Pines Apartments, Ltd.
(Firm/Company)

590 W. Kennedy Blvd, 2nd Fl
(Address)

Lakewood, NJ 08701
(City, State and Zip Code)

For further information concerning this matter, please call:

Tzippy Rothenberg at (732) 200-1209
(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**

Berry Pines Apartments, Ltd.

(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 02/15/1984, assigned Florida document number A16425, hereby submits this Certificate of Dissolution.

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

No longer doing business as of 12/31/2013

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

THIRD: Effective date, if other than the date of filing: 12/31/2015

(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.:

Max Professore

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

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE