

A18000000409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

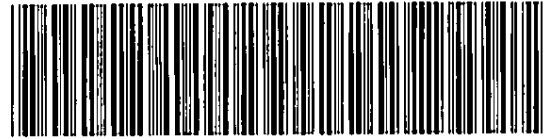
(Business Entity Name)

(Document Number)

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

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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 7/27/21**

**NAME: PARKVIEW CORAL APARTMENTS, LTD.**

**TYPE OF FILING: DISSOLUTION**

**COST: 52.50**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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## COVER LETTER

**TO:** Registration Section

Division of Corporations

**SUBJECT:** Parkview Coral 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:

Bruce Wallenquest

(Contact Person)

Nelson Mullins Riley & Scarborough LLP

(Firm/Company)

390 N. Orange Avenue, Suite 1400

(Address)

Orlando, FL 32801

(City, State and Zip Code)

For further information concerning this matter, please call:

Bruce Wallenquest

at ( 407 )

839-4257

(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**

Parkview Coral 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 September 26, 2018, assigned Florida document number A18000000409, hereby submits this Certificate of Dissolution.

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

The Partnership is being dissolved pursuant to the consent of all general partners and limited partners.

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

**THIRD:** Effective date, if other than the date of filing: upon 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.:

**GENERAL PARTNER:**

**PARKVIEW CORAL GP, LLC**, a Florida limited liability company

By: TRG Parkview Coral Member, LLC, a Florida limited liability company, its sole member

By:   
William T. Fabbri, Manager

**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:  
Parkview Coral Apartments, Ltd.

Description of information that must be included in a claim:

The following information must be included in a claim: name, address and telephone number of the person  
or entity making the claim; date the claim was incurred; and a description of the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

c/o JDF, LLC

777 W. Putnam Avenue

Greenwich, CT 06830

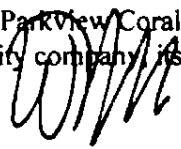
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

**GENERAL PARTNER:**

**PARKVIEW CORAL GP, LLC**, a Florida limited liability company

By: TRG ParkView Coral Member, LLC, a Florida limited liability company, its sole member

By:   
William T. Fabbri, Manager