A18469

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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05/24/16--01022--021 **52.50 -

THE JUL -8 PM 1:32
SECRETARY OF STATE
TALLAHASSTE, FLORIC

J. HARRIS

COVER LETTER

TO: Registration S	Section				
Division of C	orporations				
SUBJECT: Bel Aire (Name of F	Apartments II, Ltd. Iorida Limited Partnershi	p or Lim	ited Liabil	ity Limit	ed Partnership)
The enclosed Certific	ate of Dissolution and	d fee(s)	are subn	nitted fo	or filing.
Please return all corre	espondence concernin	g this 1	natter to:		
Tzippy Rothenberg				_	
	(Contact Person)				
Bel Aire Apartments II,				_	
	(Firm/Company)		_	_	
590 W. Kennedy Blvd,	2nd Fl				
	(Address)			_	
Lakewood, NJ 08701					
	City, State and Zip Code)			-	
For further information	on concerning this ma	tter, pl	ease call:		
Tzippy Rothenberg		at (732) 200-	1209
(Name of Conta	ct Person)			e and Da	ytime Telephone Number)
Enclosed is a check for	or the following amou	ınt:			
☑ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		05.00 Filing Certified Co		☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle		Regist Divisi P. O. I	ration S on of C Box 632	orporations



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2016

TZIPPY ROTHENBERG 590 W KENNEDY BLVD, 2ND FL LAKEWOOD, NJ 08701

SUBJECT: BEL AIRE APARTMENTS II, LTD.

Ref. Number: A18469



We have received your document for BEL AIRE APARTMENTS II, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00011311

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CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Pa	rtnership or Lim	nited Liability Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 12/0	ed partnership	lorida Statutes, this Florida limited, whose certificate was filed with the, assigned Florida
document number A18469		eby submits this Certificate of
Dissolution.	,	
FIRST: Reason for dissolution: (S	tate why part	nership is submitting dissolution)
No longer doing business as of 12/31/2	013	
		
SECOND: A Notice of Disso (Check box if attack)		hed.
THIRD: Effective date, if other than the d	ate of filing: fili	ng date
(Effective date cannot be prior to nor more Department of State.)	than 90 days af	ier the date this document is filed by the Florida
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	· 1	ppointed pursuant to
	_	
Filing Fee:	\$52.50	ECR: LLAI
Certified Copy (optional):	\$52.50	
Certificate of Status (optional):	\$8.75	ි. ස් ගිස්
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