

# A 20847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

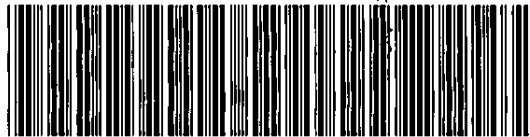
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700155341947

05/05/09--01023--018 \*\*50.00

06/23/09--01002--008 \*\*27.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN 19 PM 3:57

FILED

C. LEWIS

Jun. 22 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gainesville Cabot Lodge, LTD.  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael J. Hart  
(Name of Person)

MMI Hotel Group  
(Firm/Company)

P.O. Box 320009  
(Address)

Flowood, MS 39232  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael J. Hart at (601) 936-3666  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 5, 2009

MICHAEL J. HART  
MMI HOTEL GROUP  
PO BOX 320009  
FLOWOOD, MS 39232

SUBJECT: GAINESVILLE CABOT LODGE, LTD.  
Ref. Number: A20847

We have received your document for GAINESVILLE CABOT LODGE, LTD. and check(s) totaling \$50.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$27.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 409A00015204



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2009

MICHAEL J. HART  
MMI HOTEL GROUP  
PO BOX 320009  
FLOWOOD, MS 39232

SUBJECT: GAINESVILLE CABOT LODGE, LTD.  
Ref. Number: A20847

We have received your document for GAINESVILLE CABOT LODGE, 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):

Please accept our apology, your check for 27.50 was damaged in the mail. Please send another check for #27.50 so that we can process your document.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 409A00015204

*Sent ck Back  
6-4-09  
check was  
damaged*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gainesville Cabot Lodge, 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:

Michael J. Hart  
(Contact Person)  
MMI Hotel Group  
(Firm/Company)  
P.O. Box 320009  
(Address)  
Flowood, MS 39232  
(City, State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at ( 601 ) 936-3666  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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

FILED

2009 JUN 19 PM 3:57

Gainesville Cabot Lodge, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 9-26-1985, assigned Florida document number A20847, hereby submits this Certificate of Dissolution.

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

Sold business

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

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

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Michael J. Hart

Michael J. Hart  
Signature

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**

**FILED**

2009 JUN 19 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This notice is submitted by the dissolved limited partnership or limited liability 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:

Gainesville Cabot Lodge, LTD.

Description of information that must be included in a claim:

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

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

P.O. Box 320009

Flowood, MS 39232

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:

Michael J. Hart

Printed Name

Michael J. Hart  
Signature

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