Office Use Only



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12/17/24--01028--008 **52.50



COVER LETTER

TO: Registration Section

Division of Corporations						
VUE 15 PARTNER, LP SUBJECT:						
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)						
The enclosed Certificate of Dissolution a Please return all correspondence concern ERIC P. STEIN						
(Contac	ct Person)					
STEIN, BENDER & BROOKLAND						
(Firm/	Company)					
1820 NE 163 STREET, SUITE 100						
(Add	ress)					
NORTH MIAMI BEACH, FL 33162						
(City, State a	nd Zip Code)					
For further information concerning this n	natter, please call:					
ADAM BROOKLAND	786 248-1000 ext. 21					
(Name of Contact Person)	at () (Area Code) (Daytime Telephone Number)					
Enclosed is a check for the following am	ount:					
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy 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

CERTII	FICATE OF DI FOR	SSOLUTION	2	124 DEC 17 PM 4:34
VUE 15 PARTNER, LP				PA,
(Name of Florida Limited Partnership o	r Limited Liability	Limited Partnership)	· · · · · · · · · · · · · · · · · · ·	4:34 -
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on 06/03 document number A23000000280 Dissolution.	ed partnership, v 2/2023		limited d with the d Florida	Ġ,
FIRST: Reason for dissolution: (S	State why partne	rship is submitting dissol	ution)	
Completion of business purpose				
SECOND: A Notice of Disso (Check box if a THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block doe not be listed as the document's effective date.	ittached.) e date of filing: Dece e than 90 days after s not meet the appli	cember 31, 2024 the date this document is filed icable statutory filing requirem	·	ill
Signatures of each general partner or the p Gackov Frankforter Yaakov Frankforter, as President of its ge Garden Walk General Partner, Inc.	<u> </u>	rsuant to s. 620.1803(3) or (4).	. F.S.:	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			

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: VUE 15 PARTNER, LP Description of information that must be included in a claim: 1. Nature of the claim, 2. Basis for the claim, 3. Amount of the claim, and 4. Full legal name and address of the creditor Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) 4810 Jean-Talon West #408 Montreal, Quebec H4P2N5 Canada 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: Yaakov Frankforter, as President of Garden Walk General Partner, Inc. Gaakov Frankforter
Signature Printed Name

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

CERTIFICATE OF DISSOLUTION FOR

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CERTI	FICATE OF D FOR	ISSOLUTION	202	10EC 17 PM 4:34
VUE 15 PARTNER, LP				(1) NO
(Name of Florida Limited Partnership of	or Limited Liability	Limited Partnership)	 	31 4.36
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 06/0 document number A23000000280 Dissolution.	ted partnership, 2/2023	whose certificate was fi	led with the ned Florida	
FIRST: Reason for dissolution: (State why partn	ership is submitting diss	solution)	
Completion of business purpose				
SECOND: A Notice of Disso (Check box if a		ed.		
THIRD: Effective date, if other than th	ne date of filing: De	ecember 31, 2024		
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days afte	er the date this document is fi	led by the Florida	
Note: If the date inserted in this block doe not be listed as the document's effective d	es not meet the app late on the Departm	licable statutory filing requir nent of State's records.	ements, this date wil	l
Signatures of each general partner or the position of the posi	<u></u>	ursuant to s. 620.1803(3) or (4), F.S.:	
Garden Walk General Partner, Inc.				
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			

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