A32478

(Requestor's Name)				
_•				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400372323174

09/01/21--01023--005 **52.50

2022 SEP -1 AH 7:37

LPD155

SEP 1 4 2021 1 ALBRITTON

COVER LETTER

TO: Registration Section *

2661 Executive Center Circle

Tallahassee, FL 32301

Division of C	orporations		
SUBJECT: _	Hollywood 47 Partners, Ltd., LI	LLP thership or Limited Liability Limited Partnership)	
	Certificate of Dissolution a all correspondence concern	and fee(s) are submitted for filing.	
	(Contac	et Person)	
c/o Cohen, Cha	se. Hoffman & Schimmel, P.A.		
	(Firm/	Company)	
9400 South Dac	deland Boulevard, Suite 600		
	(Add	ress)	
Miami, Florida	33156		
	(City, State a	nd Zip Code)	
For further in	formation concerning this n	natter, please call:	
Mark Schwimm	ier	at (670-0201	
	(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a	check for the following am	ount:	
■\$52.50 Filing	Fee \$\int \\$61.25 \text{ Filing Fee} and Certificate of Status	S105.00 Filing Fee, and Certified Copy Certificate of Status	
STREET AD	DDRESS:	MAILING ADDRESS:	
Registration Section		Registration Section	
Division of C	•	Division of Corporations	
Clifton Buildi	ng .	P. O. Box 6327	

Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

Hollywood 47 Partners, Ltd., LLLP		
(Name of Florida Limited Partnership of	or Limited Liabili	ty Limited Partnership)
partnership or limited liability limit	ted partnership	lorida Statutes, this Florida limited b, whose certificate was filed with the, assigned Florida reby submits this Certificate of
FIRST: Reason for dissolution: (State why part	nership is submitting dissolution)
The Partnership has completed its business	SS.	c
		077
	-	
		
SECOND: A Notice of Disso (Check box if a		ned.
Department of State.)	e than 90 days after the specific received t	fler the date this document is filed by the Florida oplicable statutory filing requirements, this date will
Signatures of each general partner or the p	erson appointed	pursuant to s. 620.1803(3) or (4), F.S.:
Mark Schwimmer		Spousal Trust U/T Revocable Trust
Mall Schrummer		of Barry Ross
	_	By: Elaine Ross, Trustee
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: Hollywood 47 Partners, Ltd., LLLP Description of information that must be included in a claim: Claimant Name, Address and Telephone Number. Nature of the Claim. Amount Claimed. Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) c/o Mark Schwimmer 9400 South Dadeland Boulevard, Suite 600 Miami, Florida 33156 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: Mark Schwimmer Maul Schwarmer Signature Printed Name

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