, Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000298708 3)))



H140002987083ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)222-1092

Phone

Fax Number

: (850)878-5368

## DISS/TERM/CANCEL/REV OF LP/LLP PALM DRIVE ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

lectronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

	00.1				
TO: Registration Division of	n Section Corporations				
	Drive Associate		mited Partnership)		
The enclosed States	ment of Termination a	nd fee(s) are submitted	for filing.		
Please return all co	mespondence concerni	ng this matter to:			
Amy Podolsky					
	(Contact Person)				
Bilzin Sumber	rg Baena Price &	Axelrod LLP	<del></del>	V.3	
	(Firm/Company)		्रे प्राप्त संस्थान	914	
				2014 DEC	
1450 Brickell	Avenue, 23rd Flo	or		Ĵ	
	(Address)		数美	29	
N:: 51 004	104				•
Miami, FL 331		<del></del>	# No.	Ĭ	3. 1
	(City, State and Zip Code)		DR CO	ां	
For further informa	ation concerning this m	natter, please call:	T.	PM 12: 44	
Amy Podolsky	J.	at ( 305 ) 35	0-7284		
	Contact Person)		Daytime Telephone Number)	-	
	•	·	Sayanie reichnone rangoer,		
Enclosed is a checi	k for the following amo	ount:			
S52.50 Filing Fee	S61.25 Filling Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRE	:ss:	MAILING	ADDRESS:		
Registration Section		Registration	Section		
Division of Corpor	ations		Corporations		
Clifton Building		P. O. Box 63			
2661 Executive Ce Tallahassee, FL 32		Tallahassee,	FL 32314		

## STATEMENT OF TERMINATION FOR

(Name of Florida Limited P.	artnership or Limited Liability Limited	Partnership)
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on Statement of Termination.	ed partnership, whose certificate	was filed with the
The limited partnership or limited I its affairs and wishes to file a stater		ompleted winding up
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant	to
	or the person appointed pursuant	<b>to</b>
	Center, Inc., sole partner	
s. 620.1803(3) or (4), F.S.:  Captro Campasing-Farmworker	Center, Inc., sole partner	
s. 620.1803(3) or (4), F.S.:  Ceptro Campasing-Farmworker	Center, Inc., sole partner	2014
s. 620,1803(3) or (4), F.S.:  Captro Campasing-Farmworker	Center, Inc., sole partner	