

A94600001406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

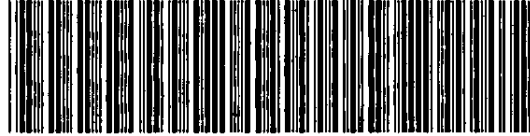
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 12 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA QUINTA AVENIDA 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:

IRMA SERNA

(Contact Person)

ASLAN TAX SERVICES INC

(Firm/Company)

762 SW 18TH

(Address)

MIAMI, FL 33135

(City, State and Zip Code)

For further information concerning this matter, please call:

IRMA SERNA

(Name of Contact Person)

at (305) 644-9144

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
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

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2016 APR 1 2:29 PM
TALLAHASSEE, FL
STATE OF FLORIDA
SECRETARY OF STATE

**CERTIFICATE OF DISSOLUTION
FOR**

LA QUINTA AVENIDA LTD

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

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 10/18/1994, assigned Florida document number A94000001406, hereby submits this Certificate of Dissolution.

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

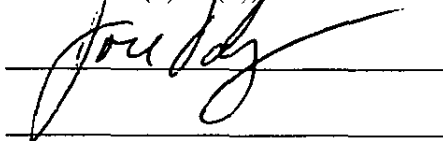
BUSINESS CEASED

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.:



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2016 APR 1 P 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75