

11/9/2017

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**DISS/TERM/CANCEL/REV OF LP/LLP**  
**COLUMBUS HOSPITALITY ASSOCIATES LIMITED PARTNER**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY  
NOV 13 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Columbus Hospitality Associates Limited Partnership

(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:  
Teresa E. DeSimone

(Contact Person)

Hudson Advisors L.P.

(Firm/Company)

2711 N. Haskell Avenue, Suite 1700

(Address)

Dallas, TX 75204-2922

(City, State and Zip Code)

For further information concerning this matter, please call:

Teresa E. DeSimone

at (214) 754-8400  
(Name of Contact Person) (Area Code) (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

**CERTIFICATE OF DISSOLUTION  
FOR**

Columbus Hospitality Associates Limited Partnership

(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 12/08/1994, assigned Florida document number A94000001666, hereby submits this Certificate of Dissolution.

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

This partnership is no longer transacting business and owns no property.

**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)**THIRD:** Effective date, if other than the date of filing: upon 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

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Servico Columbus, Inc.

its general partner

By: Marc L. Lipshy  
Marc L. Lipshy, President

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

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