

A94 000001881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2023 JAN 18 AM 8:47

FILED

A. P. ...

MAR 22 2023

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: RIVIERA-ENID 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:

CAROL ALBANESE

(Contact Person)

C/O STEINBERG

(Firm/Company)

6800 SW 40TH ST #358

(Address)

MIAMI FL 33155

(City, State and Zip Code)

For further information concerning this matter, please call:

CAROL ALBANESE

305

7881192

at ()

(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**

2023 JAN 18 AM 8:47

RIVIERA-ENID 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 12/30/1994, assigned Florida document number A94000001881, hereby submits this Certificate of Dissolution.

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

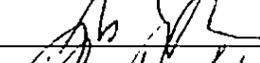
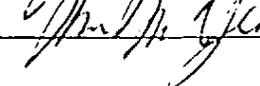
CEASED DOING BUSINESS

SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: DECEMBER 31, 2022
(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.:

| | | |
|---|---|-----------------------|
|  | - | <u>Carl Albanese</u> |
|  | - | <u>Gary Friedman</u> |
|  | - | <u>Thomas M Lytle</u> |

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

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2023 JAN 18 AM 8:47

**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:
RIVIERA-ENID LIMITED PARTNERSHIP

Description of information that must be included in a claim:

(a) name of claimant, (b) a reasonable description of the asserted claim, (c) the amount of the asserted claim

(d) the amount of any interest being claimed under an instrument, (e) whether the claim is contingent or

unliquidated (if yes-explain why), and (f) whether the claim is secured and a description of any such security

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

c/o STEINBERG

6800 SW 40TH ST #358

MIAMI FL 33155

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:

CAROL ALBANESE

Printed Name



Signature

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached is a form to dissolve a Florida limited partnership or limited liability limited partnership.

A limited partnership or limited liability limited partnership must be dissolved upon the occurrence of any event specified in s. 620.1801, F.S. The limited partnership or limited liability limited partnership continues only for the purpose of winding up its affairs.

The certificate of dissolution must be prepared in compliance with s. 620.1203, Florida Statutes, and filed with the Florida Department of State.

The certificate must be signed by all general partners, and contain the following information:

- (1) The name of the limited partnership or limited liability limited partnership; (2) The date of filing of the certificate of limited partnership; and
- (3) The reason for filing the certificate of dissolution.

NOTE: A Notice of Limited Partnership/Limited Liability Limited Partnership Dissolution form is attached. This form pursuant to s. 620.1807, F.S., is optional and is not required when filing a certificate of dissolution. No additional fee is required if it is included.

The fee to file the dissolution is \$52.50. Certified copies of the dissolution are \$52.50 each. You should total all fees and forward one check made payable to the Florida Department of State for the total amount.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

For further information, you may contact the Registration Section at (850) 245-6051.