

A95000000380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

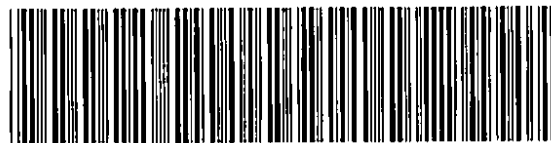
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000305207460

11/05/17--01033--013 **210.00

McDonald Hopkins

A business advisory and advocacy law firm®

Sonya Thomas, Senior Paralegal
E-mail: stomas@mcdonaldhopkins.com

McDonald Hopkins LLC
300 North LaSalle Street
Suite 1400
Chicago, IL 60654

P 1.312.280.0111
F 1.312.280.8232

October 30, 2017

VIA FIRST-CLASS MAIL

State of Florida
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed for filing are Certificates of Dissolution for four (4) LPs and our check in the amount of \$210.00 to cover the cost of filing of the same.

If you have questions or require additional information, please contact me.

Sincerely,

Sonya Thomas

SONYA THOMAS, Senior Paralegal

ST/
Enclosure

**CERTIFICATE OF DISSOLUTION
FOR**

14th Brickell West 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 03/10/1995, assigned Florida document number A9500000380, hereby submits this Certificate of Dissolution.

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

The passage of 90 days after the dissociation of the limited partnership's last limited partner.

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.)

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.:

14TH BRICKELL WEST CORPORATION, AS G.P.

BY: _____

NEIL SAZANT, PRESIDENT

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

**CERTIFICATE OF DISSOLUTION
FOR**

14th Brickell West 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 03/10/1995, assigned Florida document number A9500000380, hereby submits this Certificate of Dissolution.

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

The passage of 90 days after the dissociation of the limited partnership's last limited partner.

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.)

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.:

14TH BRICKELL WEST CORPORATION, AS G.P.

BY: _____

NEIL SAZANT, PRESIDENT

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