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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 10 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOTEL VENTURE PARTNERS, LTD.
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ANNE MARAJ

Contact Person

WHM LLC

Firm/Company

501 E. CAMINO REAL

Address

BOCA RATON, FL 33432

City, State and Zip Code

amaraj@luxuryresorts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNE MARAJ

Name of Contact Person

at (561)

447-5318

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE
OF
REVOCATION OF DISSOLUTION
FOR**

HOTEL VENTURE PARTNERS, LTD.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:

10/05/2015

SECOND: The revocation of dissolution was authorized in the same manner as the dissolution.

THIRD: The revocation of dissolution was authorized on:

FOURTH: Attached is a copy of the certificate of dissolution.

FIFTH: 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.

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

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