496000002516

(Requestor's Name)
(Address)
•
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
•
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100255151061

01/03/14--01006--010 **113.75



COVER LETTER

TO: Registration Division of C			
SUBJECT: PLAN	ITATION TOWN	E MALL, LTD	
		hip or Limited Liability Lim	nited Partnership)
The enclosed Statem	ent of Termination an	d fee(s) are submitted f	or filing.
Please return all corn	respondence concernin	g this matter to:	
JEFFREY ROS	SENBERG		
	(Contact Person)		
	(2)		
	(Firm/Company)		
1655 DREXEL	AVE SUITE 209)	
	(Address)		
MMIAMI BEAC	H FL 33139		
(City, State and Zip Code)		
For further informat	ion concerning this ma	atter, please call:	
JEFFREY ROS	SENBERG	at (305) 97	8-5636
(Name of C	Contact Person)		aytime Telephone Number)
Enclosed is a check	for the following amou	unt:	
\$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:		MAILING A	
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327	
2661 Executive Center Circle		Tallahassee, FL 32314	
Tallahassee, FL 323	301		

STATEMENT OF TERMINATION FOR

PLANTATION TOWNE MALL, LTD

(Name of Florida Limited Par	rtnership or	r Limited Liability Limited Partnership)	
	d partner	3, Florida Statutes, this Florida limited ship, whose certificate was filed with 6 hereby submit	the
The limited partnership or limited lia its affairs and wishes to file a statem		nited partnership has completed windi mination.	ng up
Signatures of each general partner or s. 620.1803(3) or (4), F.S.:	r the person	on appointed pursuant to	
President of the G.P.	 		
			or, —
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	LLAHASSEE, FLO	