

A97000000723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
FLORIDA

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JAN 04 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JHM Lee Vista Hotel LTD  
(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:

Director of Legal Services  
(Contact Person)  
JHM Hotels  
(Firm/Company)  
60 Pointe Circle  
(Address)  
Greenville, SC 29615  
(City, State and Zip Code)

For further information concerning this matter, please call:

Director of Legal Services at ( 864 ) 248-1500  
(Name of Contact Person) (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

**CERTIFICATE OF DISSOLUTION  
FOR**

JHM Lee Vista Hotel, 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 March 28, 1997, assigned Florida document number A97000000723, hereby submits this Certificate of Dissolution.

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

The Limited Partnership is no longer doing business.

**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.)*

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

JHM Lee Vista Hotel, LTD  
By: Lee Vista Hotel Manger, LLC its General Partner

By: Jayanti P. Rama  
Jayanti P. Rama, Member

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

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