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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

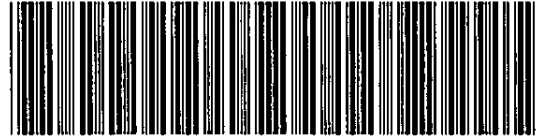
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 05 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JHM Lake Buena Vista Hotel, LTD.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice 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:

JHM 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

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DEPT OF STATE
TALLAHASSEE, FLORIDA

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