

A97000001635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

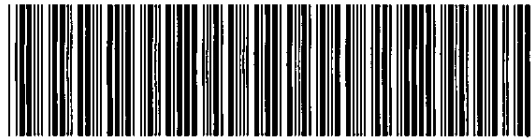
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
2009 MAR 25 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/25/09--01026--004 \*\*253.75

C. LEWIS

MAR 26 2009

EXAMINER

LP 52.50  
Cert 52.50

# FOLTZ MARTIN LLC

ATTORNEYS AT LAW

5 PIEDMONT CENTER SUITE 750 ATLANTA GA 30305-1541  
TELEPHONE 404-231-9397 / FACSIMILE 404-237-1659

March 23, 2009

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Re: Dissolution of Florida Entities**

Dear Sir or Madam:

Enclosed for filing in your office are Articles of Dissolution, Certificate of Dissolution and Statement of Termination for the following entities, respectively:

1. Ponce de Leon Hotels of Orlando, Inc.; and
2. Ponce de Leon Hotels of Orlando, Ltd.

Also enclosed is our check in the amount of \$253.75 to cover the cost of filing the dissolution documents and providing us with certified copies of same.

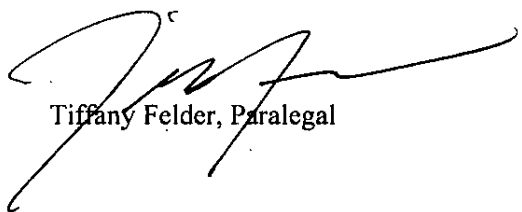
Please return the certified copies of each to my attention in the prepaid Federal Express envelope also enclosed for your use.

Should you have any questions concerning this request or need anything else from us, please give me a call.

Thank you for your assistance.

Very truly yours,

FOLTZ MARTIN, LLC

  
Tiffany Felder, Paralegal

/trf  
Enclosures

FILED

**CERTIFICATE OF DISSOLUTION  
FOR**

2009 MAR 25 AM 10:48

**Ponce de Leon Hotels of Orlando, Ltd.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 July 25, 1997, assigned Florida document number A97000001635, hereby submits this Certificate of Dissolution.

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

No business activity.

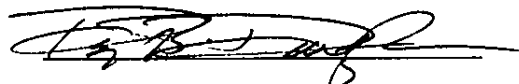
**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**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.:

Ponce de Leon Hotels of Orlando, Inc.



By: Day B. Dantzler, as its Vice President

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

**STATEMENT OF TERMINATION  
FOR**

**Ponce de Leon Hotels of Orlando, Ltd.**

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**FILED**  
2009 MAR 25 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

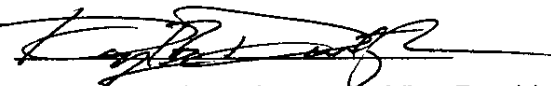
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on July 25, 1997, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ponce de Leon Hotels of Orlando, Inc.**



By: Day B. Dantzler, as its Vice President

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>