

A 97000002534

(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:

CORRECTION PER CONVERSATION
WITH JUAN MENA 2/11/2016
KS

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02/10/16--01010--030 **113.75

FILED
2016 FEB 10 PM 4:25
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

FEB 11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLUB 1800, LIMITED
(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:

JUAN MENA
(Contact Person)

JUAN E. MENA
(Firm/Company)

512-35th ST
(Address)

UNION CITY NJ 07087
(City, State and Zip Code)

For further information concerning this matter, please call:

JUAN MENA at (201) 863-9245
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input checked="" type="checkbox"/> \$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:**

CLUB 1800, LIMITED

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

FILED
2016 FEB 10 PM 4:25
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 NOVEMBER 21, 1997, assigned Florida document number A97000002534 hereby submits this Certificate of Dissolution.

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

NO LONGER IN BUSINESS

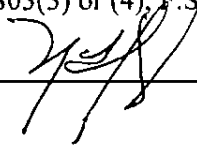
CLOSED 12/31/2015

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.:



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