

A97000002568

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BCCC Hotel Limited Partnership  
(Name of Partnership)

**DOCUMENT NUMBER:** A 97000002568

The enclosed Statement of Dissolution for Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STUART K. HOFFMAN  
(Name of Person)

THE PEELES CORPORATION  
(Firm/Company)

550 Biltmore Way, Suite 970  
(Address)

Coral Gables, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

STUART K. HOFFMAN at ( 305 ) 442 4342  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2007

STUART K. HOFFMAN  
THE PEBBLES CORPORATION  
550 BILTMORE WAY STE 970  
CORAL GABLES, FL 33134

SUBJECT: BCCC HOTEL LIMITED PARTNERSHIP  
Ref. Number: A97000002568

We have received your document for BCCC HOTEL LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$27.50.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 307A00043136

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR**

BCCC Hotel Limited Partnership

(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 \_\_\_\_\_, hereby submits this Certificate of Dissolution.

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

Partners have determined to discontinue the business  
of the partnership.

**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. 620.1303(3) or (4), F.S.:

[Signature]

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

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