

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBROUGH LLP
Account Number : 120100000075
Phone : (305) 373-9419
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DISS/TERM/CANCEL/REV OF LP/LLP
PB INSTITUTE PARTNERS LIMITED PARTNERSHIP

Certificate of Status	0
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**CERTIFICATE OF DISSOLUTION
OF
PB INSTITUTE PARTNERS LIMITED PARTNERSHIP,
a Florida limited partnership**

The undersigned general partner, desiring to dissolve a limited partnership pursuant to Section 620.1203 of the Florida Statutes, hereby states the following:

1. The name of the limited partnership is **PB INSTITUTE PARTNERS LIMITED PARTNERSHIP** (the "Partnership").
2. The Partnership's initial certificate of limited partnership was filed on April 8, 1998, and assigned Florida document number A98000000881.
3. The reason the Partnership is filing this certificate of dissolution is the happening of an event specified in the Partnership's Amended and Restated Agreement of Limited Partnership.
4. The effective date of dissolution is the date hereof.
5. A Notice of Dissolution is attached.

IN WITNESS WHEREOF, this Certificate of Dissolution has been executed by **PALM BEACH INSTITUTE, INC.**, a Florida corporation, as the general partner of the Partnership, as of this 29th day of April, 2019.

GENERAL PARTNER:

PALM BEACH INSTITUTE, INC., a Florida corporation

By: 

Bradford S. Lovette, President

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**NOTICE OF DISSOLUTION
OF
PB INSTITUTE PARTNERS LIMITED PARTNERSHIP,**
a Florida limited partnership

This notice is submitted by the dissolved limited partnership named below for resolution of payment of unknown claims against this limited partnership as provided in Section 620.1807, Florida Statutes.

1. The name of the dissolved limited partnership is **PB INSTITUTE PARTNERS LIMITED PARTNERSHIP** (the "Partnership").

2. The following information must be included in a claim: name, address and telephone number of the person or entity making the claim; amount of the claim; date the claim was incurred; and a description of the claim.

3. The mailing address where claims can be sent is 1655 Palm Beach Lakes Blvd., Suite 401, West Palm Beach, FL 33401.

A claim against the Partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

IN WITNESS WHEREOF, this Notice of Dissolution has been executed by the general partner of **PB INSTITUTE PARTNERS LIMITED PARTNERSHIP**, as of the 29th day of April, 2019.

GENERAL PARTNER:

PALM BEACH INSTITUTE, INC., a Florida corporation

By: 

Bradford S. Lovette, President

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