A98000001276

(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:

L. SELLERS

JUL 2 4 2008

EXAMINER

Office Use Only



000123485790

06/09/08--01002--029 **27.50

04/18/08--01039--013 **77.50



(For Office Use Only)

COVER LETTER

TO: Registration Section

Division of Corporations



SUBJECT: GABLES ON THE GREEN LIMITED GROUP

(Name of Partnership)

DOCUMENT NUMBER: A98000001278

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

Please return all correspondence concerning this matter to the following:

OSCAR ROGER

(Name of Person)

GABLES ON THE GREEN LIMITED GROUP

(Firm/Company)

550 Biltmore Way Suite 740

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Oscar Roger

at (305

448-4091

(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

CR2E070 (10/07)

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: 6	ables on the G	ireen Limited	Group	
(Name o	of Florida Limited Partnersh	ip or Limited Liability Lim	ited Partnership)	•
The enclosed Certi	ficate of Dissolution ar	nd fee(s) are submitted	for filing.	
Please return all co	orrespondence concerni	ng this matter to:		
Oscar R	oger			
GAbles of	(Contact Person) n the Green (Firm/Company) nore Way Surpose (Address)	Limited Grou	up	
550 Biltn	nore Way 50 (Address)	lite 740		
Coral GA	bles, FL 35 (City, State and Zip Code)	3134	•	
For further informa	ation concerning this m	atter, please call:	·	
Oscar	Roger	at (305) 4	148-4091 Daytime Telephone Number)	
(Name of Co	ntact Person)	(Area Code and D	Paytime Telephone Number)	
Enclosed is a check	c for the following amo	ount: Please see at previ eu sly su	trached copy of check for is to help	r ⁴ 44.50 een bør 24.5
\$52.50 Filing Fee	[] \$61.25 Filing Fee and Certificate of Status	■ \$105.00 Filing Fee and Certified Copy	☐ \$113.75 Filing Fee, +0 eove	rbalance
STREET ADDRESS:		MAILING	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee,	FL 32314	



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 12, 2008

OSCAR ROGER 550 BILTMORE WAY, STE. 740 CORAL GABLES, FL 33134

Gables On The Green Limited Group SUBJECT: PALMETTO FLEXSPACE, LTD.

Ref. Number: A980000012786 A98000001276

We have received your document for PALMETTO FLEXSPACE, LTD. and your check(s) totaling \$77.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a general partnership, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 008A00030227

RECEIVED

MAY 2 2 2008



July 15, 2008

Via Certified Mail #7007 2680 0001 8041 8141

Ms. Leslie Sellers Regulatory Specialist II Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re:

GABLES ON THE GREEN LIMITED GROUP

Ref. Number: A98000001276

Dear Ms. Sellers:

Per our conversation of today, July 15, 2008 and your instructions enclosed is the revised Certificate of Dissolution for the above referenced Limited Partnership.

Thank you for your assistance.

Sincerely,

Gables on the Green Limited

Mayren R. Cas lu

Mayren R. Castro

Enclosures: 1

CERTIFICATE OF DISSOLUTION FOR

Gables On The	Green L	imited Grow	up qu	
(Name of Florida Limited P	artnership or Limit	ed Liability Limited Partn	ership)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Certificate of Dissolution.	ted partnership,	whose certificate was	filed with the	: iis
FIRST: Reason for dissolution: (State why partne	rship is submitting di	ssolution)	
The Partnership h	As dissolv	ed and is wi	indina	
The Partnership hup its business.				 -
wp 113 Dust Ness.	·		· - · · · ·	
			<u> </u>	
SECOND: [] A Notice of Disso (Check box if attack	ched.)			
THIRD: Effective date, if other than the	date of filing:	- √ .		<u></u> .
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after	the date this document is	filed by the Flo	rida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person app	pointed pursuant to		
Obcar Roger, Managing Par	-tnev			
Filing Fee:		ž	7,0	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		YLL/ SEC	<u>8</u>
Certificate of Status (optional):	JO./J		<u> بَيْنَ جَنْمَ </u>	

FILED
JUL 24 AM 10: 27