# A99000000455

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
Document Number)	
Certified Copies Certificates of Status	
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## **COVER LETTER**

TO: Registration Section
Division of Corporations
SUBJECT: HAWTHORNE PARTNERS LTD  (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:  CAROL ALBANESE
(Contact Person)
C/O STEINBERG
(Firm/Company)
6800 SW 40TH ST #358
(Address)
MIAMI FL 33155
(City, State and Zip Code)
For further information concerning this matter, please call:
CAROL ALBANESE 305 7881192 at ( )
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status  S105.00 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, ....

HAWTHORNE PARTNERS LTD		2523 JFN 18 PH 2: 43
(Name of Florida Limited Partnership o	r Limited Liability	Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on 12/3 document number A9900000455 Dissolution.	ed partnership, 0/1998	whose certificate was filed with the, assigned Florida
FIRST: Reason for dissolution: (5	State why partn	ership is submitting dissolution)
CEASED DOING BUSINESS		
		-
SECOND: A Notice of Disso (Check box if a	ittached.)	
THIRD: Effective date, if other than th	e date of filing: DI	ECEMBER 31, 2022
(Effective date cannot be prior to nor more Department of State.)	e than 90 days afte	r the date this document is filed by the Florida
		licable statutory filing requirements, this date will
not be listed as the document's effective di	ate on the Departi	ient of State S (ecolus.
Signatures of each general partner or the p	erson appointed p	arsuant to s. 620.1803(3) or (4), F.S.:
	_	
	*******	
<del>-</del>		
Filing Fee:	<b>\$52.50</b>	
Certified Copy (optional):	\$52.50	
Certificate of Status (optional):	\$8.75	

### NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.
Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: HAWTHORNE PARTNERS LTD
Description of information that must be included in a claim:
(a)name of claimant, (b) a reasonable description of the asserted claim, (c) the amount of the asserted claim  (d) the amount of any interest being claimed under an instrument, (e) whether the claim is contingent or
unliquidated(if yes-explain why), and (f)whether the claim is secured and a description of any such security
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
c/o STEINBERG
6800 SW 40TH ST #358
MIAMI FL 33155
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.
Signature of a general partner or a principal of the successor entity:
CAROL ALBANESE

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

Printed Name

Signature