A9900000456

(Re	questor's Name)	<u>. </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER*

Division of Corporations
HAWTHORNE PARTNERS II LTD SUBJECT:
(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:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status \$105.00 Filing Fee Certified Copy Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

HAWTHORNE PARTNERS II LTD

(Name of Florida Limited Partnership or	Limited Liability Limited Partnership)
partnership or limited liability limited Florida Department of State on 12/30	n 620.1203. Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 0/1998
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
CEASED DOING BUSINESS	
	5
SECOND: 🛛 A Notice of Dissol	ution is attached.
(Check box if at	ttached.)
Department of State.)	s not meet the applicable statutory filing requirements, this date will
Signatures of each general partner or the pe	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$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:
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 instrumnet (e) whether the claim is contingent or
unliquidated (if yes, explain why) and (f) whether the claim is secured and a descrption of such security
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
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
Printed Name Signature

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