

06-29-'18 08:52 FROM-

5/21/2018

A99000000976

T-586 P0002/0004 F-043

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000156293 3)))



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To:

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

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.
Account Number : I19990000022
Phone : (305)670-6370
Fax Number : (305)670-3390

/KSDT+Company LLC

DISS/TERM/CANCEL/REV OF LP/LLP COSTA BRAVA HOUSING, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

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JUN 29 2018

18 JUN 29 2018
6472 PM 52.50

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J. J. EGGETT
JUN 02 2018

H18000156293 3

CERTIFICATE OF DISSOLUTION FOR

COSTA BRAVA HOUSING, LTD.

(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 March 24, 1999, assigned Florida document number A99000000476, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
business closed its operations

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

[Signature]

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

H18000156293 3

H18000156293 3

**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:
COSTA BRAVA HOUSING, LTD.

Description of information that must be included in a claim:

business closed its operations

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

c/o Royal Castle Builders

11900 Biscayne Blvd # 262

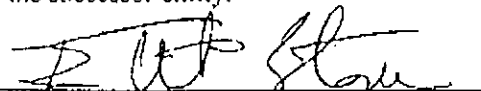
N. Miami, FL 33181

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:

Elliot Stone

Printed Name



Signature

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

H18000156293 3

06-29-'18 08:52 FROM-

850-817-8381

8/27/2018 11:02:47 AM PAGE 1/001 Fax Server

T-586 P0001/0004 F-043



June 27, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COSTA BRAVA HOUSING, LTD.
11900 BISCAYNE BLVD SUITE 262
N MIAMI, FL 33181

SUBJECT: COSTA BRAVA HOUSING, LTD.
REF: A99000000476

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000156293
Letter Number: 318A00013351

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE

P.O. BOX 6327 - Tallahassee, Florida 32314