

A99000001207Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -5 AM 9:56DISS/TERM/CANCEL/REV OF LP/LLP
CANADA AVENUE HOTEL ASSOCIATES, LIMITED
PARTNERSHIP

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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EXAMINER

**CERTIFICATE OF DISSOLUTION
FOR**

CANADA AVENUE HOTEL ASSOCIATES, LIMITED PARTNERSHIP

(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 _____, assigned Florida document number A99000001207, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

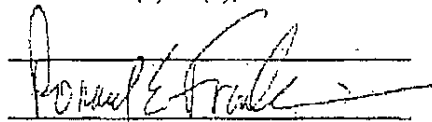
Business is no longer owned by LP

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.)

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



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