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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
JUN 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2100 DIRECTORS ROW ASSOCIATES L.P.
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LEONARD BRAUN
Contact Person

2100 DIRECTORS ROW ASSOCIATES
Firm/Company

34-09 QUEENS BOULEVARD
Address

LONG ISLAND CITY NY 11101
City, State and Zip Code

L.BRAUN@CBS INDUSTRIES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARD BRAUN at (718) 482-0700
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 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
FOR**

2100 DIRECTOR'S ROW ASSOCIATES, L.P.

(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 8/24/10, assigned Florida document number B10000000141, hereby submits this Certificate of Dissolution.

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

SALE OF PROPERTY

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.

Signature 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

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