L17 5000 37423

(Requestor's Name)						
(Address)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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2016 AUG 22 PH 4: 3

K.SALY EXAMINER AUG 23

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

PARAMOUNT HOSPITALITY, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

FRANK CASTORO, ESQ.

FRANCIS X. CASTORO, P.A.

(Firm/Company)

5300 N FEDERAL HIGHWAY

(Address)

FORT LAUDERDALE, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK CASTORO, ESQ at 954 922-050

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2016 AUG 22 PM 4: 36
TALLAHASSEE, FLORIDA

1.	The name of a limited liability company is		ALLAHARYON			
	PARAMOUNT HOSPITALIT	TY, LLC		TALLAHASSEE, FL		
2.	The Articles of Organizatio	n were filed on $\frac{03/05/2}{}$	013			
	document number L130000	33423				
3.	(effective Note: If the date inserted in t	e the dissolution if not effective on the date of filing:				
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the lin copy 605.0707 on back	nited liability company' c cover letter).	s dissolution pursuant to section		
	The entity no longer conducts	ousiness				
5.	If there are no members, en	er the name and addres		ted to wind up the company's		
		FRANCIS X. CASTORO, PA				
5300 N FEDERAL			GHWAY			
		FORT LAUDERDALI	E, FL 33308			
6. lis	Signature of an authorized page above to wind up the con	person or if there are no npany's activities and a	members, the signatur	re of the person appointed and		
_	JOOK PM	\sim	FRANK CASTORO			
	Signature	FILING	Pri: FEE: \$25.00	nted Name		