

L17 000 101537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

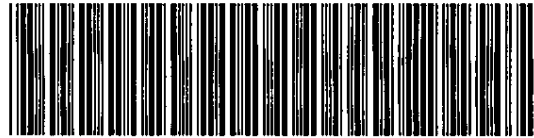
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/14--01056--001 **25.00

16 MAR 10 PM 11:45
TALLAHASSEE, FLORIDA

J. Shivers MAR 11 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA HOSPITALITY PARTNERS 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:

YVONNE RODRIGUEZ

(Name of Person)

(Firm/Company)

1378 NW 22 STREET

(Address)

MIAMI, FL 33142

(City/State and Zip Code)

For further information concerning this matter, please call:

YVONNE RODRIGUEZ

(Name of Person)

305

at (

545-5381

) _____
(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**

1. The name of a limited liability company is
FLORIDA HOSPITALITY PARTNERS LLC
2. The Articles of Organization were filed on 07/17/2013 and assigned
document number L13000101537
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2013
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Business never started.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:

Signature

Printed Name

Peter Politis

FILING FEE: \$25.00

14 APR 19 PM 4:45
ALLAHAMMAD, FLORIDA