

L23000405609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

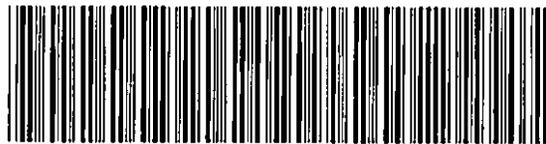
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400415025804

LLC
Articles of dissolution

RECEIVED
2023 OCT 16 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
OCT 17 2023

FILED
2023 OCT 16 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*002250, 00524, 00671



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 10/16/23
Order #: 1291160-1
Re: Hts-Beach House Partner, L.L.C
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination
Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

auth":

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", is written over the word "auth":.

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HTS-Beach House Partner, L.L.C.

(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:

Carol Fuggi, Assistant Secretary

(Name of Person)

HTS-Beach House Partner, L.L.C.

(Firm/Company)

9002 San Marco Court

(Address)

Orlando, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Fuggi

(Name of Person)

407

206-6321

at (_____)

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2023 OCT 16 AM 11:33

STATE OF FLORIDA
DEPARTMENT OF STATE

1. The name of a limited liability company is
HTS-Beach House Partner, L.L.C.

2. The Articles of Organization were filed on 08/29/2023 and assigned
document number L23000405609

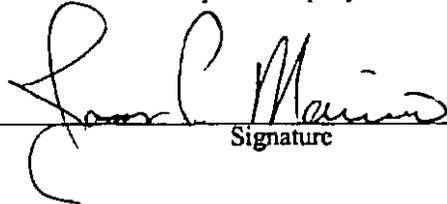
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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).
We inadvertently used the wrong form and formed this entity in Florida.

It is a Delaware entity, we meant to qualify it in Florida.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Jason P. Marino, Manager and Vice President

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

Jason P. Marino, Manager and Vice President
Printed Name

FILING FEE: \$25.00