



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JJ SILVERMAN FAMILY PARTNERSHIP, LTD.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

LINDA L. SNELLING, ESQ.  
(Contact Person)

SACHS SAX CAPLAN  
(Firm/Company)

6111 BROKEN SOUND PKWY NW, STE 200  
(Address)

BOCA RATON, FL 33487  
(City, State and Zip Code)

For further information concerning this matter, please call:

LINDA L. SNELLING, ESQ. at ( 561 ) 994-4499  
(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**

FILED  
12 MAY -3 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JJ SILVERMAN FAMILY PARTNERSHIP, LTD.

(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 OCTOBER 5, 2009, assigned Florida document number A09000000899, hereby submits this Certificate of Dissolution.

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

CONSENT OF ALL GENERAL PARTNERS. DEATH OF ONE OF THE GENERAL PARTNERS.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.:

*Amy Rabinowitz*  
Amy Rabinowitz

*Nancy Charm*  
Nancy Charm

**Filing Fee:** \$52.50  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75