

A26351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

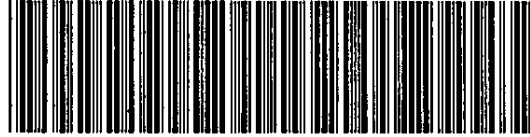
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 02 2016
S. YOUNG

DYKXHOORN

LAW FIRM, P.A.

225 East Stuart Avenue
Lake Wales, FL 33853
Phone: 863-676-3300
Jack@DykxhoornLaw.com

April 27, 2016

Registration Section
Florida Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Dissolution of JHG Family Limited Partnership (the "Partnership")

Dear Sirs:

Enclosed for filing is the original and one copy of the Certificate of Dissolution for the partnership referenced above

Also enclosed is this firm's check in the amount of \$52.50, in payment of the filing fee for this document.

Please file the original Certificate of Dissolution and return one copy of this document to me at the following address: 225 East Stuart Avenue, Lake Wales, Florida 33853. If you have any questions or need additional items, please call me at (863) 676-3300.

Sincerely,

Dykxhoorn Law Firm, P.A.



Jacob C. Dykxhoorn

Enclosures

cc: Kenneth J. Goff

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JHG Family Limited Partnership

(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:

Jacob C. Dykxhoorn

(Contact Person)

Dykxhoorn Law Firm, P.A.

(Firm/Company)

225 East Stuart Avenue

(Address)

Lake Wales, FL 33853

(City, State and Zip Code)

For further information concerning this matter, please call:

Jacob C. Dykxhoorn

(Name of Contact Person)

at (863) 676-3300

(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

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**CERTIFICATE OF DISSOLUTION
FOR**

JHG Family Limited Partnership

(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 5-2-88, assigned Florida document number A26351, hereby submits this Certificate of Dissolution.

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

The partnership is no longer doing business as a partnership and has distributed all of its

assets to its partners

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TALLAHASSEE, FLORIDA

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.:

Goff Properties, LLC, as the sole general partner

By: 

Kenneth J. Goff, as manager

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

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**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

JHG Family Limited Partnership

Description of information that must be included in a claim:

the nature of the claim and approximate amount due

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

Goff Properties, LLC

P.O. Box 1138

Lake Wales, FL 33859-1138

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:
Goff Properties, LLC

By: Kenneth J. Goff, as manager

Printed Name

✓ 

Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

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