

A000000001959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

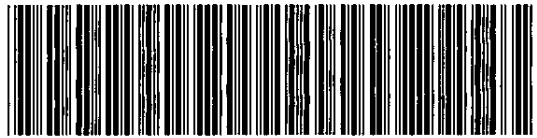
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000147519940

03/30/09--01025--010 **105.00

FILED
09 APR 21 AM 11:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Outigan APR 21 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2009

LARRY F. WITTE, ESQUIRE
WITTE & CRAIG, P.A.
201 S.E. 24TH AVENUE
POMPANO BEACH, FL 33062

SUBJECT: THE CJB FAMILY LIMITED PARTNERSHIP
Ref. Number: A00000001959

We have received your document for THE CJB FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 609A00010839

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CJB 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:

Larry F. Witte
(Contact Person)
Witte & Craig, P.A.
(Firm/Company)
201 S. E. 24th Avenue
(Address)
Pompano Beach, FL 33062
(City, State and Zip Code)

For further information concerning this matter, please call:

Larry F. Witte at (954) 941-5533
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

(Provided check with previous filing)

- | | | | |
|---|---|---|---|
| ☐ \$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

FILED

09 APR 21 AM 11:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

CJB 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 December 13, 2000, assigned Florida document number A00000001959, hereby submits this Certificate of Dissolution.

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

All of the Partners have unanimously agreed to dissolve and

liquidate the partnership.

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.:

OAPP CORPORATION, a Florida Corporation

By: DAVID A. BORG
DAVID A. BORG, President

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