A00000001959

(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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TALLAHASSEE FLORIDA

N. Cottingham APR 21 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2009

LARRY F. WITTE, ESQIURE
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

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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, President

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