485. C

(Requestor's Name)	
(Address)	300067800323
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	34/ 06/06 3101432/ ** 53
(Business Entity Name) HOL-1324 (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: 44 FT LP Whole Whole	06 /FR -14 PH
	h: 26

Office Use Only

M. HODGE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: THE JUST MEN E WOMEN INVESTMENT CLUB 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:
RALPH ISLEY TR (Contact Person)
(Firm/Company)
408 I REX ROAD
408 I REX ROAD (Address) ATLANTIC BEACH FL 32233 (City, State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (904) 241-2997 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee S105.00 Filing Fee and Certificate of Status S105.00 Filing Fee S113.75 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

THE JUST MENFIN	IOMEN ,	NVESTABUT	cluss us
(Name of Florida Limited Pa	rtnership or Limite	ed Liability Limited Partr	nership)
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on Certificate of Dissolution.	ed partnership, v	whose certificate was	filed with the
FIRST: Reason for dissolution: (S	tate why partner	rship is submitting d	issolution)
ORG AN; 2 & 7100	DISBA	NDED	
SECOND: A Notice of Dissolu (Check box if attack		l.	
THIRD: Effective date, if other than the date	ate of filing:		·
(Effective date cannot be prior to nor more Department of State.)	than 90 days after	the date this document is	s filed by the Florida
Signatures of each general partner or s. 620,1803(3) for (4), PS.:		•	, an
Rolph hlyr	-	Walte	Barn
Itanere al	ston	Richard A July 12	Blowt
Storm		John 12	her
Filing Fee:	\$52.50	•	
Certified Copy (optional):	\$52.50		
Certificate of Status (optional):	\$8.75		

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 Limit		
THE TUST MEN F NOMEN , NVESTME.	ns club	LTO.
Description of information that must be included in a claim:		
AMOUNT:		
SERVICE PERFORME):		
DATE:		
Mailing address where claims can be sent: (Claims cannot be sent Department of State.)	t to the Florida	
4U8 IREX ROAD	: :	3
ATLANTIC BEACH, FL 32232		
,		
A -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	1 *1*, 4* *, 1	3
A claim against the above named limited partnership or limited lia partnership will be barred unless a proceeding to enforce the claim 4 years after the filing of the notice.		within
Signature of a general partner or a principal of the successor entity	" 1 1P	
Printed Name Sign	1/4 ply	1
Printed Name Sfgr	nature	

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