

A01000001558

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : H. BART FLEET
Account Number : I20020000170
Phone : (850)651-4006
Fax Number : (850)651-5006

DISS/TERM/CANCEL/REV OF LP/LLP JAMES E. RAY FAMILY PARTNERSHIP, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$105.00

2017 DEC -5 PM 12:44

Electronic Filing Menu

Corporate Filing Menu

DEC 06 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: James E. Ray 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:

P. Michelle McGee, Esq.
(Contact Person)

Fleet & Smith
(Firm/Company)

1283 Eglin Parkway, Suite A
(Address)

Shalimar, FL 32579
(City, State and Zip Code)

For further information concerning this matter, please call:

Patty Claire Register at (850) 651-4006
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input checked="" type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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

James E. Ray 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 November 20, 2001, assigned Florida document number A01000001558, hereby submits this Certificate of Dissolution.

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

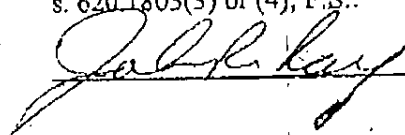
All assets of the partnership have been distributed.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: January 1, 2018

(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.:



President

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

2017 DEC -5 AM 9:25