A01000001663

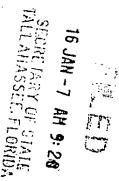
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations				
SUBJECT: BJA5VC Limited Partnership or Limited Liability Limited Partnership				
Name of Florida Limited Partnership or Limited Liability Limited Partnership				
The enclosed Certificate of Revocation of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Lating Robinson Contact Person				
Contact Person				
Vautage Paint Consulting				
17242 W. Watkins Street				
Address				
Eity, State and Zip Code				
•				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (602) 850-2010 Area Code and Daytime Telephone Number				
Name of Contact Person Area Code and Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee Certified Copy and Certificate of Status				
STREET ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee Fl 32301				

CERTIFICATE OF REVOCATION OF DISSOLUTION FOR

DJASVC	Limited Tartnersbi	\mathcal{D}
Name of Florida Limited Pa	artnership or Limited Liability Limited Partnership	l
	n 620.1812, Florida Statutes, this Florida limed partnership hereby submits this Certificate	
FIRST: The effective date of the c	ertificate of dissolution being revoked is:	<u>-</u>
SECOND: The revocation of disso dissolution.	olution was authorized in the same manner as	the
THIRD: The revocation of dissolu	ntion was authorized on:	
- 1/6/10	6	·
FOURTH: Attached is a copy of the	he certificate of dissolution.	Ξ_{μ}
FIFTH: Effective date, if other that (Effective date cannot be prior to nor more Department of State.)	an the date of filing:	CRETARY CALLASSEE
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	T SIA
Pairick bonnelly		3
Filing Fee:	\$52.50	_
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$ 8.75	
	1	

CERTIFICATE OF DISSOLUTION FOR

FILED 2015 DEC 10 PM 4: 57

BJASVC 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 20, 2001 , assigned Florida document number A01000001663 , hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) All assets transferred from partnership. Partnership no longer doing business. **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filling:_ (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.:

\$52.50

\$52.50

\$8.75

Filing Fee:

Certified Copy (optional):

Certificate of Status (optional):

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: **BJASVC Limited Partnership** Description of information that must be included in a claim: Claimant Name, Mailing Address, Telephone Number Documentation supporting claim, e.g. invoices, contracts, etc. Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) C/O Brian Connolly, 1511 Taraval Street, #204, San Francisco, CA 94116 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: Patrick Connolly Printed Name Signature

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