A01000001663

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

Feb 11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BJASVC 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:

Patrick Connolly c/o Brian Connolly
(Contact Person)

(Firm/Company)

1511 Taraval Street #204
(Address)

San Francisco, CA 94116
(City, State and Zip Code)

For further information concerning this matter, please call:

Brian Connolly at (415) 759-1618
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $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

CERTIFICATE OF DISSOLUTION
FOR

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2016 FEB -9 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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.:

Patricia Connolly

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 Limited Partnership:

BJASVC Limited Partnership

Description of information that must be included in a claim:

Claimant name, Mailing Address, Telephone Number

Documentation supporting clair, e.g. invoices, contracts, etc.

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TALLAHASSEE, FLORIDA

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

Patrick Connolly
Signature

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