

AD2000000987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

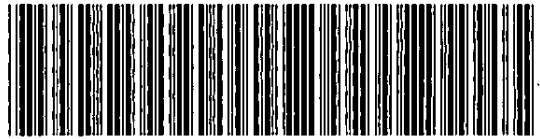
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/25/08--01038--022 **25.00

06/09/08--01003--023 **27.00

06 JUN -9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

PA. Thomas JUN 10 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOVEN 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:

Joe C. JOHNSON
(Contact Person)

JOVEN LTD
(Firm/Company)

1646 Portsmouth Lake Drive
(Address)

Brandon FL 33511-1875
(City, State and Zip Code)

For further information concerning this matter, please call:

Joe C. Johnson at (813) 651-9414
(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

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08 JUN -9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2008

JOE C. JOHNSON
1646 PORTSMOUTH LAKE DRIVE
BRANDON, FL 33511-1875

SUBJECT: JOVEN LTD.
Ref. Number: A02000000981

We have received your document for JOVEN LTD. and your check(s) totaling \$25.00. 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.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$27.50.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 208A00026211

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

JOVEN 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 5-1-08, hereby submits this Certificate of Dissolution.

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

To reorganize and Create an S Corporation.

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.:

Joe C. Johnson
[Signature]

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

JOVEN Ltd

Description of information that must be included in a claim:

All Concerns and claims outstanding for which there
is none to the best of my knowledge should be sent to
the address below

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

1646 Portsmouth Lake Drive
Brandon
FL 33511-1875

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

JOE CYRIL JOHNSON
Printed Name

JOE C. JOHNSON
Signature

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