

A030000000613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

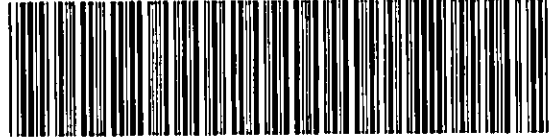
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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01/02/19--01029--004 \*\*52.50

FILED

2019 JAN -2 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FL

LLLP  
Cert. of Diss.  
w/  
Notice

1/12/19

Dc

LAW OFFICE OF  
**JONATHAN W. SHIRLEY, P.A.**  
ATTORNEY AND COUNSELOR AT LAW  
171 CIRCLE DRIVE  
MAITLAND, FLORIDA 32751

JONATHAN W. SHIRLEY

ADMITTED IN FLORIDA,  
WEST VIRGINIA & VIRGINIA

BOARD CERTIFIED TAX LAWYER

TELEPHONE (407) 629-8333  
FACSIMILE (407) 629-8252

December 26, 2018

Registration Section  
FL Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Bowyer Family Limited Liability Limited Partnership  
Document No. A0300000013

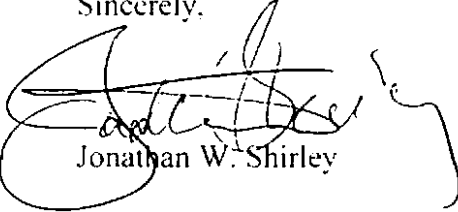
Dear Sirs:

The enclosed Certificate of Dissolution and Notice of Dissolution are submitted for filing. Also enclosed is our firm's check in the amount of \$52.50 in payment of the filing fee. Please return all correspondence concerning this matter to:

Jonathan W. Shirley, Esq.  
Jonathan W. Shirley, P.A.  
171 Circle Drive  
Maitland, FL 32751

If you have any questions, please contact me at (407) 629-8333. Thank you.

Sincerely,



Jonathan W. Shirley

JWS/g

Enclosures

cc: James W. Bowyer

**CERTIFICATE OF DISSOLUTION  
FOR  
BOWYER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, RLLP**

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited liability limited partnership, whose certificate was filed with the Florida Department of State on April 14, 2003, assigned Florida document number A03000000613, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution:

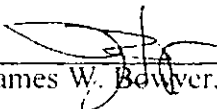
**Partnership was dissolved by unanimous consent of all partners.**

**SECOND:** A Notice of Dissolution is attached.

**THIRD:** Effective date, if other than the date of filing: This Certificate of Dissolution is effective December 26, 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.)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.

  
James W. Bowyer, sole General Partner

**FILED**  
2019 JAN -2 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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 Florida Statutes Section 620.1807.

1. Name of Dissolved Limited Liability Limited Partnership:

Bowyer Family Limited Liability Limited Partnership, RLLP

2. Description of information that must be included in a claim:

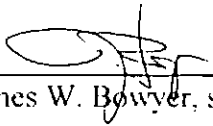
Claimant must state the nature of and description of the claim, the legal basis upon which the claim is made (i.e., contract), the name and address of the claimant, the amount of the claim, and provide all documentation relating to the nature or origin of the claim.

Mailing address where claims can be sent:

James W. Bowyer  
9485 SW 190<sup>th</sup> Avenue Road,  
Dunnellon, Florida 34432

**A CLAIM AGAINST THE ABOVE NAMED 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:



James W. Bowyer, sole General Partner

**FILED**  
2019 JAN -2 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FL