## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NICI LAW FIRM, P.L.

Account Number : I20110000008 : (239)449-6150 Phone Fax Number : (877)646-0560

## DISS/TERM/CANCEL/REV OF LP/LLP SHOEMAKER II FAMILY LIMITED PARTNERSHIP

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## CERTIFICATE OF DISSOLUTION FOR

SHOEMAKER JI FAMILY LIMITED PARTNERSHIP	
(Name of Flor da Limited Partnership or Limited Liability Limited Partnership)	
Pursuant to the provisions of section 620.1203. Florida Statutes, this Florida limite partnership or limited liability limited partnership, whose certificate was filed with Florida Department of State on September 16, 2003 assigned Floridocument number A03000001345 hereby submits this Certificate of Dissolution.	the
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	
Cease business operations.	
	. –
SECOND: A Notice of Dissolution is attached.  (Check box if attached.)	
THIRD: Effective date, if other than the date of filing: December 20, 2022 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Department of State.)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the not be listed as the document's effective date on the Department of State's records.	s date will
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:	
	<u>.</u>
	7. 7. 4

\$52.50 \$52.50 \$8.75 FILED