A0300000148/

(Req	uestor's Name)				
(Add	ress)				
(Add	ress)				
(City	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Na	me)			
(Document Number)					
Certified Copies	ied Copies Certificates of Status				
Special Instructions to Filing Officer:					
·					

Office Use Only



700117019467

02/08/08--01029--001 **52.50

2000 FEB -8 P 3: 48
SECRETARY OF STATE
ALLAHASSEE FI CALE

A. LUNT

FEB 1 1 2008

EXAMINER

COVER LETTER

TO:	Registration Division of	n Section Corporations					
SUBJ		CWJJ Ir	nvestments, L		ed Partnership	o)	 -
The er	nclosed Certi	ficate of Dissolution ar	nd fee(s) are subm	itted f	or filing.		
Please	return all co	rrespondence concerni	ng this matter to:				
Jose	ph N. Fel	ler, CPA		_			
		(Contact Person)		•			
Jose	ph N. Fel	ler, CPA, PA					
		(Firm/Company)		-			
8188	South C	oral Circle					
		(Address)		•			
Nort	h Lauder	dale, FL 33068		_	SE TALI	2008	
		(City, State and Zip Code)	}		-AF AF		-
					TA IAS	FEB	-
For fu	rther informa	tion concerning this m	atter, please call:		SE SE	8	
Jose	ph N. Fell	ler, CPA	at (954	,726	6-907 8	ס	
***************************************	(Name of Cor	ntact Person)			ytime Bep ho	on b-W um	ber)
Enclos	ed is a check	for the following amo	ount:		IDA IDA	81	
Ø \$52.5	0 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Cop		\$113.75 F Certified Co Certificate o	py, and	,
STRE	ET ADDRE	SS:	MAILI	NG A	DDRESS:	•	
Registration Section		Registration Section					
Division of Corporations		Division of Corporations					
Clifton Building		P. O. Box 6327					
	executive Centre FL 32		Tallaha	ssee, F	FL 32314		

CERTIFICATE OF DISSOLUTION FOR

CWJJ Investments, 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 October 21, 2003, hereby submits this , hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) The business has ceased operations **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) December 31. 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.: Filing Fee: \$52.50 Certified Copy (optional): \$52.50

\$8.75

Certificate of Status (optional):