

A040000000424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

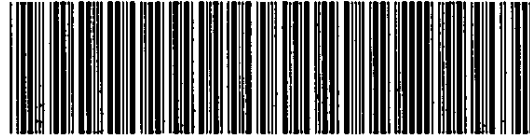
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700285894257

700285894257  
04/27/16--01003--015 \*\*25.00

05/19/16--01015--002 \*\*27.50

16 JUN -6 AM 8:25  
CLERK OF COURT  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 JUN -6 PM 6:25  
FALL 4PM SEE FLORIDA

May 20, 2016

ARMANDO M MARTINEZ  
P.O. BOX 560668  
MIAMI, FL 33256

SUBJECT: THE JEFFERSON FAMILY REAL ESTATE LIMITED PARTNERSHIP  
#2  
Ref. Number: A04000000424

We have received your document for THE JEFFERSON FAMILY REAL ESTATE LIMITED PARTNERSHIP #2 and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 716A00008985

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE JEFFERSON FAMILY REAL ESTATE LIMITED PARTNERSHIP #2  
(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:

ARMANDO M. MARTINEZ

(Contact Person)

(Firm/Company)

PO BOX 560668

(Address)

MIAMI, FL 33256

(City, State and Zip Code)

For further information concerning this matter, please call:

ARMANDO M. MARTINEZ

(Name of Contact Person)

at (305) 670-0979

(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**

THE JEFFERSON FAMILY REAL ESTATE LIMITED PARTNERSHIP #2

(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 3/16/2004, assigned Florida document number A04000000424, hereby submits this Certificate of Dissolution.

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

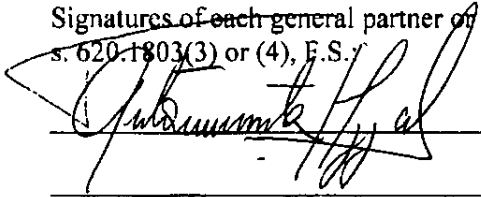
CLOSING BUSINESS

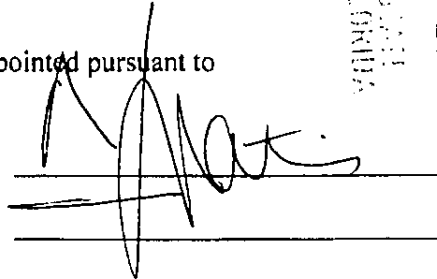
**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**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.:





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

16 JUN -6 AM 8:25  
STATE DEPT OF FLORIDA  
TALLAHASSEE