

AD00000000491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

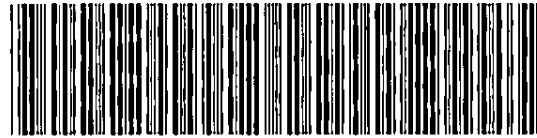
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

2009 JAN 20 PM 2:09

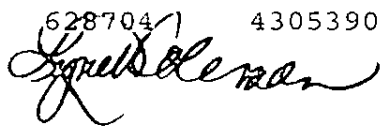
FILED

JAN 27 2011

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 628704 4305390

AUTHORIZATION : 

COST LIMIT : \$ 52.50

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ORDER DATE : January 19, 2021

ORDER TIME : 9:21 AM

ORDER NO. : 628704-005

CUSTOMER NO: 4305390  
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DOMESTIC FILINGS

NAME: GMJM ASSOCIATES, L.P.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_



**RECEIVED**  
Please give original  
submission date as file date

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 21, 2021

CSC  
WALK IN  
TALLAHASSEE, FL

SUBJECT: GMJM ASSOCIATES, L.P.  
Ref. Number: A06000000481

We have received your document for GMJM ASSOCIATES, L.P. and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

You have submitted two documents and only authorized one filing fee. If you intended for both the certificate of dissolution and the statement of termination to be filed, you will need to authorize an additional fee of \$52.50.

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) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 821A00001364

**CERTIFICATE OF DISSOLUTION  
FOR****GMJM ASSOCIATES, L.P.**

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(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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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 April 7, 2006, assigned Florida document number A08000000481, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)No longer conducting business.

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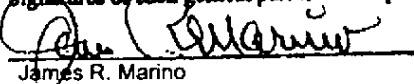
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**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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 R. Marino

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Filing Fee:	<b>\$52.50</b>
Certified Copy (optional):	<b>\$52.50</b>
Certificate of Status (optional):	<b>\$8.75</b>

**CERTIFICATE OF DISSOLUTION  
FOR**

**GMJM ASSOCIATES, L.P.**

(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 April 7, 2006, assigned Florida document number A06000000481, hereby submits this Certificate of Dissolution.

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

No longer conducting business.

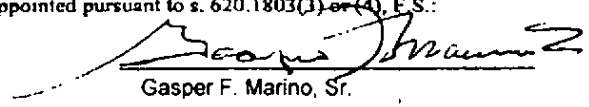
**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**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.)

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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