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Division of Corporations

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: (850)617-6383

From:

LINDA A. SCARCELLI

Account Name

: CNL FINANCIAL GROUP, INĆ.

Account Number : 113615003626

Phone

: (407)650-1552

Fax Number

: (407)540-2699

DISS/TERM/CANCEL/REV OF LP/LLP JDS CAPITAL, LLLP

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August 7, 2017

PLORIDA DEPARTMENT OF STATE
Division of Corporations

JDS CAPITAL, LLLP P.O. BOX 4920 ORLANDO, FL 32801-4920

SUBJECT: JDS CAPITAL, LLLP

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Statement of Termination - attached

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Stacey M Warren Regulatory Specialist II

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STATEMENT OF TERMINATION FOR

JDS Capital, LLLP		
(Name of Florida Limited	Partnership or Limited	Lizbility Limited Partnership)
Pursuant to the provisions of secti- partnership or limited liability lim Florida Department of State on Statement of Termination.	ited partnership, wh	ose certificate was filed with the
The limited partnership or limited its affairs and wishes to file a state Signatures of each general partner	ment of terminatior	
s. 620.1803(3) or (4), F.S.:	or the person appor	med parsuant to
JMS Heldings, LLC, General	Partner	
Lamentechaneff, Jr., Cl	20	
Filling Fee:	\$52.50	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	,

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