

A06000000734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

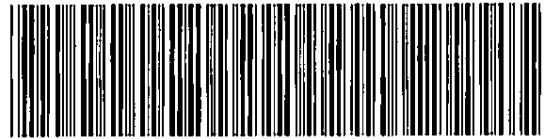
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/06/23--01020--009 ++52.50

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2023 MAR -6 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FL

Dissolution

MAY 30 2023

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: JRM, LLLP

(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:

JAMES W. JENSEN

(Contact Person)

(Firm Company)

PO BOX 191

(Address)

CAPTIVA, FL 33924

(City, State and Zip Code)

For further information concerning this matter, please call:

JAMES W. JENSEN

at (239)

470-5982

(Name of Contact Person)

(Area Code)

(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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR -6 AM 9:42

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**CERTIFICATE OF DISSOLUTION
FOR**

JRM, LLLP

(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 June 16, 2006 734, assigned Florida document number 20-8607652 006000000, hereby submits this Certificate of Dissolution.

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

JRM, LLLP has sold all of it's assets and will no longer be operational.


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

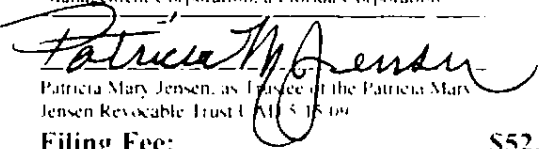
THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the date will not be listed as the document's effective date on the Department of State's records.

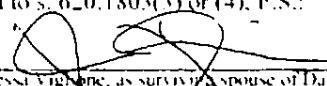
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2023 MAR -6 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FL

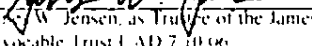
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

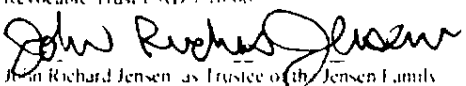

John Jensen, as Vice President of Jensen Captiva Management Corporation, a Florida Corporation


Patricia Mary Jensen, as Trustee of the Patricia Mary Jensen Revocable Trust LAD 5-15-04

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


Vanessa Vignone, as surviving spouse of David Martin Jensen and Successor Trustee of the David Martin Jensen Revocable Trust LAD 7-17-03


James W. Jensen, as Trustee of the James W. Jensen Revocable Trust LAD 7-10-06


John Richard Jensen, as Trustee of the Jensen Family Trust LAD 5-14-04