A07000000429

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(Requestor's Name)		
(Address)	-	
(Address)	_	
(City/State/Zip/Phone #)	_	
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PICK-UP WAIT MAIL		
	_	
(Business Entity Name)		
(Document Number)	_	
Certified Copies Certificates of Status	Certificates of Status	
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Special Instructions to Filing Officer:		
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Office Use Only

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09 FEB -9 AM 8: 40
SECRETARY OF STATE

M. THOMAS
FEB 1 0 2009
EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT: 35	SU MUES	TMENTS ip or Limited Liability Lim	L.P
		d fee(s) are submitted	• ,
Please return all corr	espondence concernir	ng this matter to:	
	(Contact Person)	1105	
WATKING	S Rental N (Firm/Company)	Maragement	Inc.
6651 WALL	(Address)		
N.Ft. My	City, State and Zip Code)	317	
For further informati	on concerning this ma	atter, please call:	
Judith S. 1 (Name of Conta	URIKINS act Person)	at (<u>339</u>) <u>S</u> (Area Code and D	43-1307 aytime Telephone Number)
	for the following amou	•	,
\$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:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Center Circle		Tallahassee, FL 32314	
Tallahassee, FL 323	01	,	,



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2009

JUDITH S WATKINS 6651 NALLE GRADE RD N FT, MYERS, FL 33917

SUBJECT: JSW INVESTMENTS LP

Ref. Number: A07000000429

We have received your document for JSW INVESTMENTS LP and your checkist totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$27.50.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

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Letter Number: 209A00002677.

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69-5-08

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CERTIFICATE OF DISSOLUTION FOR

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 3-8-07, assigned Florida document number Ron 00000439, hereby submits this Certificate of Dissolution.		
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)		
health reasons		
,		
SEC TALL	09 FE	
SECOND: A Notice of Dissolution is attached. (Check box if attached.)	B-9 AM	!
THIRD: Effective date, if other than the date of filing:	t. ėb	
(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.:		
Watkins Rental Wangement Ihr. Judith & Lebelle	in	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75		