

AD7000000675

(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:

eff 5/30/17

Office Use Only



600298809566

05/03/17--01025--004 **52.50

FILED
2017 MAY 18 PM 4:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 18 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSMJ ACQUISITIONS, 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:

JAY SAXENA

(Contact Person)

(Firm/Company)

2608 NIGHT RAINS DR.

(Address)

LUTZ, FLORIDA 33559

(City, State and Zip Code)

For further information concerning this matter, please call:

JAY SAXENA

(Name of Contact Person)

at

(813) 267 7775

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2017

JAY SAXENA
2608 NIGHT RAINS DR
LUTZ, FL 33559

SUBJECT: DSMJ ACQUISITIONS, LLLP
Ref. Number: A07000000678

FILED
2017 MAY 18 PM 4:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for DSMJ ACQUISITIONS, LLLP 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 notice of dissolution must contain: 1.) The name of the dissolved limited partnership; 2.) A statement that persons with unknown claims present them in accordance with the notice; 3.) A description of the information that must be included in a claim; 4.) A mailing address to which the claim may be sent; and 5.) A statement that a claim against the limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

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: 417A00008966

RECEIVED
2017 MAY 18 AM 11:11
JENNIFER D. HARRIS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

DSMJ ACQUISITIONS, 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 05/07/2007, assigned Florida document number A07000000678, hereby submits this Certificate of Dissolution.

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

WE ARE CLOSING THE BUSINESS AFTER SELLING ALL
OF OUR REAL ESTATE INTERESTS

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

THIRD: Effective date, if other than the date of filing: 30 MAY 2017

(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.:



2017 MAY 18 PM 4:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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