

**#A0700000/266**

(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:

*CORRECTION TO EFFECTIVE DATE  
PER CONVERSATION WITH  
JOHN IPPOLITO 2/17/2015  
KS*

Office Use Only



700269321897

02/17/15--01026--015 \*\*27.50

700269321897  
01/15/15--01009--026 \*\*25.00

FILED  
2015 FEB 12 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB 17 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2015

JOHN IPPOLITO  
P.O. BOX 911  
CAPE CANAVERAL, FL 32920

SUBJECT: JCI FAMILY LIMITED PARTNERSHIP  
Ref. Number: A07000001266

RECEIVED  
15 FEB 12 AM 10:00  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

*Check 1172*  
We have received your document for JCI FAMILY LIMITED PARTNERSHIP and your check(s) 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.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 615A00001973

*Add ~~one~~ check # 5526 for \$27.50.*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ICI Family Limited Partnership  
(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:

John Ippolito

(Contact Person)

(Firm/Company)

284 Tin Roof Ave

(Address)

Cape Canaveral, FL 32920

(City, State and Zip Code)

For further information concerning this matter, please call:

John Ippolito

(Name of Contact Person)

at ( 321 ) 482-6092

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee

☐ \$105.00 Filing Fee

☐ \$113.75 Filing Fee,

check 1172 \$25.42 and Certificate of

and Certified Copy

Certified Copy, and

check 5526 \$27.50 Status

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

**CERTIFICATE OF DISSOLUTION  
FOR**

ICI Family Limited Partnership

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

**FILED**  
2015 FEB 12 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 5 January 2015, assigned Florida document number A07000001246, hereby submits this Certificate of Dissolution.

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

Members MOTION <sup>FOR</sup> TO DISSOLUTION.

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

**THIRD:** Effective date, if other than the date of filing: FEBRUARY 12, 2015

(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.:



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