

A07000001309

(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:

Office Use Only



400211663804

09/02/11--01018--025 **52.50

FILED
2011 SEP -2 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP -6 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NJTF Journey Partners, LLC
(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:

Arnold Mittelman, President
(Contact Person)
National Jewish Theater Foundation inc.
(Firm/Company)
7400 Monaco St
(Address)
Coral Gables FL 33143
(City, State and Zip Code)

For further information concerning this matter, please call:

Arnold Mittelman at (305) 365-1043
(Name of Contact Person) (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

CERTIFICATE OF DISSOLUTION
FOR

FILED

NJTF Journey Partners LLP

2011 SEP -2 PM 1:08

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

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 Aug 30, 2011, assigned Florida document number A0700000 1309, hereby submits this Certificate of Dissolution.

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

No longer active or doing business in Florida
Final Tax Return has been sent EIN# 26-1789484

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.)

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

Arnold Mittelman
(Arnold Mittelman)

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