

A07 00000 1349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

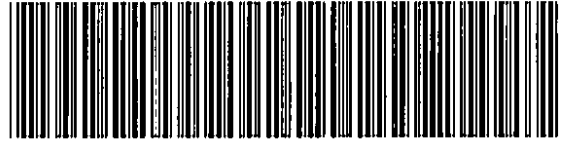
(Business Entity Name)

(Document Number)

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AUG 16 2018

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 8/15/2018

Acc#120160000072



Name:	JLK Family Investments Limited Partnership
Document #:	
Order #:	11113773

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
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Amount: \$ 105.00

Thank you!

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: JLK FAMILY INVESTMENTS 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:

Eric T. Turnquist

(Contact Person)

Michael Best & Friedrich LLP

(Firm/Company)

1 S. Pinckney Street, Suite 700

(Address)

Madison, WI 53703

(City, State and Zip Code)

For further information concerning this matter, please call:

Eric T. Turnquist

(Name of Contact Person)

at (608) 283-2245
(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

**CERTIFICATE OF DISSOLUTION
FOR**

JLK FAMILY INVESTMENTS LIMITED PARTNERSHIP

(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 12/10/2007, assigned Florida document number A07000001349, hereby submits this Certificate of Dissolution.

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

In accordance with the terms specified in the partnership agreement.

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

900317233739

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, this date will not be listed as the document's effective date on the Department of State's records.

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

Jane L. Kaiser, deceased

By: Mark S. Poker

Mark S. Poker, Attorney-in-Fact

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

2008 AUG 15 PM 3:46