

A080000000722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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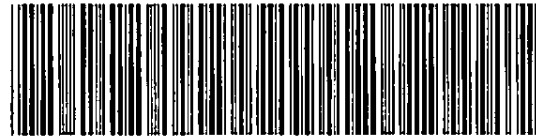
(Business Entity Name)

(Document Number)

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2019 FEB -4 P 12:15  
FEB 14 2019

FEB 14 2019

T. LEMIEUX



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JOHN K. WOOLSLAIR (1908-1968)  
W.A. SHEPPARD (1898-1971)

JOHN W. SHEPPARD (RETIRED)  
JOHN F. STEWART (RETIRED)

January 30, 2019

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: JW Family Limited Partnership


To Whom it may Concern:

The enclosed Certificate of Dissolution is submitted for filing. Our check in the amount of \$52.50 is enclosed. Please return all correspondence concerning this matter to:

Craig R. Hersch  
Sheppard Law Firm  
9100 College Pointe Court  
Fort Myers, FL 33919

For further information, please call Dorothy V. Berry, Legal Assistant to Craig R. Hersch at: [dberry@sbshlaw.com](mailto:dberry@sbshlaw.com) or (239) 334-1141.

Kind regards,

  
Dorothy V. Berry

Legal Assistant to Craig R. Hersch

Enclosures  
H-2256

**CERTIFICATE OF DISSOLUTION  
FOR**

**FILED**

J. W. FAMILY LIMITED PARTNERSHIP

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

2019 FEB -4 P 12 15

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 August 4, 2008, assigned Florida document number A08000000722, hereby submits this Certificate of Dissolution.

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


The purpose for the Partnership is no longer necessary

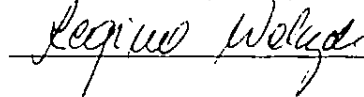
**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached.)

**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.)

**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.:

  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
\_\_\_\_\_

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

**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:  
J. W. FAMILY LIMITED PARTNERSHIP

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Description of information that must be included in a claim:

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Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

1533 Angel Drive

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Sanibel, FL 33957

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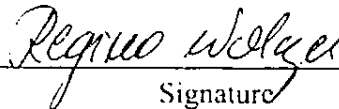
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Regina Wolczyk

---

Printed Name



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Signature

**Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.**