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SECRETARY OF STATE
FALL CHASSES FLORID.

K. SALY MAR 28 2018

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32301

mited Liability Limited Partnership)
are submitted for filing.
Laborate Laborate Control Cont
ease call:
273-9406
(Area Code) (Daytime Telephone Number)
5.00 Filing Fee Certified Copy Certified Copy, and Certificate of Status
MAILING ADDRESS: Registration Section
Division of Corporations
P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

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~ ~;;	"ASSEE"	r STAT. FLORID	E A

JMA Josephsn Partnership LP

TATE TARY
(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 April 8, 2009 , assigned Florida document number A09000000234 , hereby submits this Certificate of Dissolution.
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
As agreed by all partners and distribution of assets, the parnership was dissolved
SECOND: A Notice of Dissolution is attached. (Check box if attached.)
THIRD: Effective date, if other than the date of filing: March 21, 2018 (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