

A10000000872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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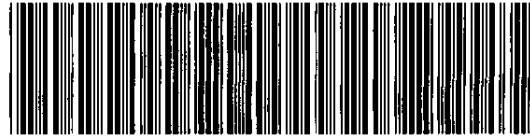
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 25 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.A. RAPAPORT FAMILY LIMITED PARTNERSHIP II

(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:

KRISTIN M. SMYKLO

(Contact Person)

CHAPIN, BALLERANO & CHESLACK, P.L.

(Firm/Company)

1201 GEORGE BUSH BLVD.

(Address)

DELRAY BEACH, FL 33483

(City, State and Zip Code)

For further information concerning this matter, please call:

KRISTIN M. SMYKLO

(Name of Contact Person)

at (561) 272-1225

(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

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION
FOR**

J.A. RAPAPORT FAMILY LIMITED PARTNERSHIP II

(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 DECEMBER 29, 2010, assigned Florida document number A10000000872, hereby submits this Certificate of Dissolution.

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

THE GENERAL PARTNER AND LIMITED PARTNERS HAVE AGREED BY WRITTEN CONSENT

THAT IT IS IN THE BEST INTEREST OF THE PARTNERSHIP TO FILE THIS CERTIFICATE OF

DISSOLUTION THEREBY DISSOLVING THE PARTNERSHIP.

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.:

James A. Rapaport, Pres.

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

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TALLAHASSEE, FLORIDA

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