

A12000000687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

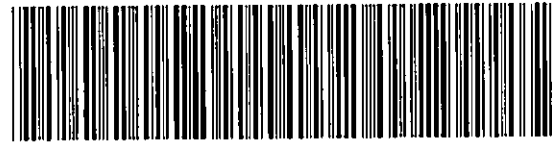
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 MAR 17 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Dir. Sec.

2023 MAR 17 PM 1:44

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MAR 20 2023

M. SOLOMON

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 3/17/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1131109

ORDER ENTITY
JT NAPLES FLORIDA LP

PLEASE PERFORM THE FOLLOWING SERVICES:

JT NAPLES FLORIDA LP (FL)

File the attached dissolution document and provide a certified copy and certificate of status.

NOTES:

\$113.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JT NAPLES FLORIDA LP
(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:
David Altro

(Contact Person)

Altro LLP

(Firm/Company)

300-155 University Avenue

(Address)

Toronto, Ontario, M5H 3B7

(City, State and Zip Code)

For further information concerning this matter, please call:

David Altro at (416) 477-8150
(Name of Contact Person) (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

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2023 MAR 17 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**CERTIFICATE OF DISSOLUTION
FOR**

JT NAPLES FLORIDA LP

(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 11/13/2012, assigned Florida document number A12000000687, hereby submits this Certificate of Dissolution.

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

Special resolution of the general partner and dissolution in accordance with the partnership agreement.

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.:

JOHN THOMAS, Authorized person

s/ JOHN THOMAS

of General Partner - NAPLES

PREMIERE PROPERTIES LLC

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

DEPARTMENT OF STATE
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**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:
JT NAPLES FLORIDA LP

Description of information that must be included in a claim:

Name of the claimant, address and contact information of claimant, particulars of the claim.

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

10 Yonge St. #3702

Toronto, Ontario, Canada. M5E 1R4

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:

JOHN THOMAS, Authorized person of General Partner -
NAPLES PREMIERE PROPERTIES LLC

Printed Name

/s/ JOHN THOMAS

Signature

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

2023 MAR 17 AM 9:32

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