A13000000099

(F	Requestor's Name)	
(A	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
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(E	Business Entity Name)	
(Document Number)		
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2021 MAY 31 P 4: 27
SECRETARY OF STATE

D. BRUCE MAY 31 2017

COVER LETTER

Division of	Section Corporations			
SUBJECT: JAX (Name o	II, LLLP f Florida Limited Partnersh	ip or Limited Liability Lim	nited Partnership)	
The enclosed Certif	ficate of Dissolution ar	nd fee(s) are submitted	for filing.	
Please return all con	rrespondence concerni	ng this matter to:		
Stephen Briggs				
	(Contact Person)			
JAX I GP, Inc.	(General Partner)			
	(Firm/Company)	-		
12 Ames Crescent				
127 miles orossem	(Address)			
Aurena Ontaria I 40	000		- -	
Aurora, Ontario, L4G	(City, State and Zip Code)		AL SE	
	(City, State and Zip Code)		PR S	
For further informa	tion concerning this m	atter, please call:	SECRETARY ALLAHASSE	
Stephen Briggs		at (905) 84	1-3373 T) ["
(Name of Cor	itact Person)		Daytime Telephone Number	
Enclosed is a check	for the following amo	ount:	RIDA	3
\$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 ADDRE	SS:	MAILING	ADDRESS:	
Registration Section		Registration Section		
Division of Corpora	ations	Division of	Corporations	
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallahassee, FL 32314		

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

(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 February 25th, 2013, assigned Florida document number A13000000099, hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) Divested of assets and winding up of operations. SECOND: A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filing. Date of filing. (Effective date cannot be prior to nor more than 90 days after the date this document is filed before Florida Department of State.) Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.: A. 5 B. C.	JAX II, LLLP
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	s. 620.1803(3) or (4).F.S.:
	A.S.Z.
Filing Fee: \$52.50	Filing Fee: \$52.50
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	Certified Copy (optional): \$52.50