

A14 000 000 182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

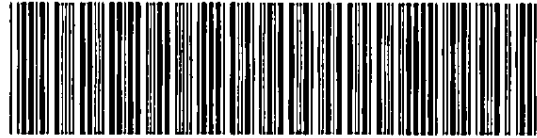
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Signature

Office Use Only



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12/04/19--01019--003 **52.50

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 DEC -11 AM 9: 04

Dissolution

FEB 20 2020

D CUSHING

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: IMAGE Project Management, 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:

Mike Jensen

(Contact Person)

(Firm/Company)

1041 Hillsboro Mile, Apt. 4E

(Address)

Hillsboro Beach, FL 33062

(City, State and Zip Code)

For further information concerning this matter, please call:

Mike Jensen

at (704) 9150798

(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

FILED
STATE CLERK OF STATE
DIVISION OF CORPORATIONS
19 DEC -14 AM 9:04



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2020

MIKE JENSEN
1041 HILLSBORO MILE, APT 4E
HILLSBORO BEACH, FL 33062

SUBJECT: IMAGE PROJECT MANAGEMENT, LP
Ref. Number: A14000000182

We have received your document for IMAGE PROJECT MANAGEMENT, LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to sign the certificate of dissolution. We must have the signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 120A00001047

PLEASE FIND ATTACHED ALL DOCUMENTS SIGNED.
PLEASE DISSOLVE COMPANY AS OF 12/31/2019.
THANK YOU!

2020 FEB 12 2:28

**CERTIFICATE OF DISSOLUTION
FOR**

IMAGE Project Management, L.P.

(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 4/1/2014, assigned Florida document number A14000000182, hereby submits this Certificate of Dissolution.

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

Closing business

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

THIRD: Effective date, if other than the date of filing: 12/31/2019
(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.:

James Bradshaw

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 DEC -11 AM 9:04