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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

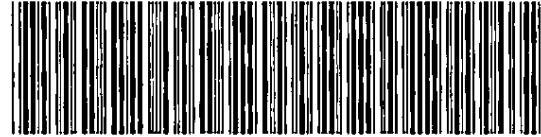
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/28/18 QS



Stephanie Martinez
(512) 236-2053 (Direct Dial)
(512) 236-2002 (Direct Fax)
smartinez@jw.com

November 13, 2018

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

Re: ***Filing of Certificate of Dissolution for David Jon Maguire Family LP***

Dear Sir or Madam:

Enclosed please find the following:

1. an original and one copy of the Certificate of Dissolution and Notice of Dissolution for David Jon Maguire Family LP; and
2. a check in the amount of \$52.50 representing payment of the filing fee for the Certificate of Dissolution.

Please file the Certificate of Dissolution and forward a file-stamped copy to my attention via the enclosed self-addressed federal express envelope.

Sincerely,


Stephanie Martinez

Enclosures

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: David Jon Maguire Family L.P.
(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:

Stephanie Martinez
(Contact Person)

Jackson Walker, L.L.P.
(Firm/Company)

100 Congress Avenue, Suite 1100
(Address)

Austin, Texas 78701
(City, State and Zip Code)

For further information concerning this matter, please call:

Stephanie Martinez at (512) 236-2053
(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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**CERTIFICATE OF DISSOLUTION
FOR**

David Jon Maguire Family 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 12/22/2014, assigned Florida document number A14000000701, hereby submits this Certificate of Dissolution.

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

The limited partnership has ceased transacting business.

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.:

David Jon Maguire
David Jon Maguire, General Partner

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

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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:
David Jon Maguire Family LP

Description of information that must be included in a claim:

Full legal name, address, and phone number of Claimant, description of claim, and date of claim.

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

David J. Maguire - 15900 Mary Street, Volente, Texas 78641

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:

David Jon Maguire, General Partner

Printed Name

Signature

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

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