

AL6000000511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

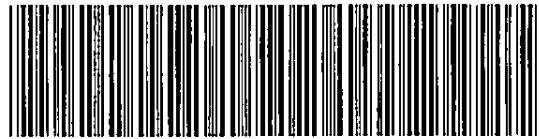
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MAY 19 2023

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 MAR -2 PM 4:15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JINKS, LP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MUSARSKIY, NIKOLAY

(Contact Person)

(Firm/Company)

6055 SUNSET ISLE DR

(Address)

WINTER GARDEN, FL 34787

(City, State and Zip Code)

For further information concerning this matter, please call:

MUSARSKIY, NIKOLAY at (321) 217-3888  
(Name of Contact Person) (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

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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:

JINKS, LP

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Description of information that must be included in a claim:

Name(s) and Address of the Party making the claim and a detailed description of the claim background.

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

ATTN: Nikolay Musarskiy

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6055 SUNSET ISLE DR

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WINTER GARDEN, FL 34787

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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 notice.

Signature of a general partner or a principal of the successor entity:

Nikolay Musarskiy

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Printed Name

  
Signature

**Filing Fee: \$52.50**  
**Certified Copy (optional): \$52.50**