A17 000 000 089

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

663-524-707. 6156.



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2023 JUH - 5 AM T

AH 7: 33

a (13/2023

(For Office Use Only)					
COVER LETTER					
TO: Reinstatement Section Division of Corporations					
SUBJECT: CBJP Services LP (Name of Partnership)					
DOCUMENT NUMBER: A17000000 89					
The enclosed Cancellation of Partnership Statement and fee(s) are subm	nitted for filing.				
Please return all correspondence concerning this matter to the following	ţ.				
(Name of Person)	-				
CBJP Services, LP (Firm/Company)	_				
492 Sw Pine Treelone. (Address)	-				
Palm City FL 34990 (City/State and Zip Code)	-				
For further information concerning this matter, please call:					
(Name of Person) at (713)) 882-6177 ode & Daytime Telephone Number)				
Mailing Address: Reinstatement Section Division of Corporations P.O. Box 6327	Street Address: Reinstatement Section Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E069 (9/15)

Tallahassee, FL 32314

4/24/2023 FL Dept. of State Division of Corporations

CBJP Services LP

Ref Number: A17000000089

We have been trying to dissolve a partnership since late October of 2022. Initially, it took almost three months to simply inform us that we apparently filled out the wrong form, which was sent to us by an employee that we spoke to from the State. We then called the State again to go over exactly what we needed to fill out to ensure that it didn't get sent back again, and it was. We then called a third time to speak to another representative to again ensure that everything was done correctly and apparently it was not. All we are trying to do is dissolve a partnership that hasn't been operating for over six months now. We have spoken to three different employees from the division of corporations and we have been given the wrong advice and information each time over the course of the last six months. This is now our fourth attempt to dissolve a partnership. That's all we are trying to do.

Thank you

Chris Battjer and Joe Phillips



April 3, 2023

CHRIS BATTJER 492 SW PINE TREE LANE PALM CITY, FL 34990

SUBJECT: CBJP SERVICES, LP Ref. Number: A17000000089

We have received your document for CBJP SERVICES, LP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

There is a balance due of \$27.50.

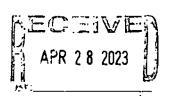
The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 823A00007474





March 2, 2023

CHRIS BATTJER 492 SW PINE TREE LANE PALM CITY, FL 34990

SUBJECT: CBJP SERVICES, LP Ref. Number: A17000000089

We have received your document for CBJP SERVICES, LP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

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.

Claretha Golden Regulatory Specialist II



Letter Number: 023A00004969



February 1, 2023

CHRIS BATTJER 492 SW PINE TREE LANE PALM CITY, FL 34990

SUBJECT: CBJP SERVICES, LP Ref. Number: A17000000089

We have received your document for CBJP SERVICES, LP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

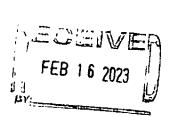
If you are trying to dissolved the partneship, you will need to file a dissolution.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Claretha Golden Regulatory Specialist II



Letter Number: 723A00002431

CERTIFICATE OF DISSOLUTION FOR

,			000-		
CBJP Services LF)		2023 JUH -5	AH '	7: 33
(Name of Florida Limited Partnership or	Limited Liability Limited	Partnership)			
					THE THE
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on <u>o</u> document number <u>A 170000000</u> Dissolution.	d partnership, whose o	certificate was filed	limited d with the l Florida	.,	
FIRST: Reason for dissolution: (St	ate why partnership is	submitting dissol	ution)		
Business Closure					
employees. Could wages, material cos	not keep up u	whencea	sed		
wages material cos	-s fuel costs	maintura	rce costs,		
insurance increases	· ctc.				
SECOND: A Notice of Dissolu (Check box if att	ition is attached. ached.) require λ - CBB				
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block does not be listed as the document's effective dat	than 90 days after the date not meet the applicable sta	tutory filing requirem		l1	
Signatures of each general partner or the per	son appointed pursuant to	s. 620.1803(3) or (4).	F.S.:		
CBTP Maragement LLC	-LP <u>CO</u>	reph NPhillips	=		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				