

A33311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

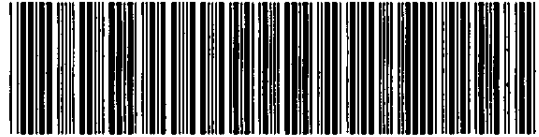
Special Instructions to Filing Officer:

L. SELLERS

MAR -8 2010

EXAMINER

Office Use Only



300166980183

01/28/10--01032--015 **52.50

FILED
MAR -2 PH 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACKSONVILLE PROPERTIES ASSOCIATES LLLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CHRISTY COMPLO
(Contact Person)

J.I. KISLAK, INC.
(Firm/Company)

7900 MIAMI LAKES DRIVE W, 3RD FL
(Address)

MIAMI LAKES, FL 33016
(City, State and Zip Code)

For further information concerning this matter, please call:

CHRISTY COMPLO at (305) 364-4101
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee and Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee and Certified Copy | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations



January 29, 2010

CHRISTY COMPLO
J.I. KISLAK INC.
7900 MIAMI LAKES DR W., 3RD FLOOR
MIAMI LAKES, FL 33016

SUBJECT: JACKSONVILLE PROPERTIES ASSOCIATES, LLLP
Ref. Number: A33311

We have received your document for JACKSONVILLE PROPERTIES ASSOCIATES, LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file each attached form is \$52.50.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 610A00002452

2/3/2010

Attached please find copy of check for filing fee
cleared on 1/29/10 and original Termination documents



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2010

CHRISTY COMPLO
J.I. KISLAK INC.
7900 MIAMI LAKES DR W., 3RD FLOOR
MIAMI LAKES, FL 33016

SUBJECT: JACKSONVILLE PROPERTIES ASSOCIATES, LLLP
Ref. Number: A33311

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If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 610A00002452



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2010

CHRISTY COMPLO
J.I. KISLAK INC.
7900 MIAMI LKAES DRIVE W., 3RD FLOOR
MIAMI LAKES, FL 33016

SUBJECT: JACKSONVILLE PROPERTIES ASSOCIATES, LLLP
Ref. Number: A33311

We have received your document for JACKSONVILLE PROPERTIES ASSOCIATES, LLLP 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 make the correction(s) requested in our previous letter.

The fee to file the STATEMENT OF TERMINATION is \$52.50 ***AND*** the fee to file the NOTICE OF DISSOLUTION is \$52.50. Each form requires a fee of \$52.50.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 810A00003352

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACKSONVILLE PROPERTIES ASSOCIATES, LLLP
(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:

CHRISTY COMPLO

(Contact Person)

J.I. KISLAK, INC.

(Firm/Company)

7900 MIAMI LAKES DRIVE WEST

(Address)

MIAMI LAKES, FL 33016

(City, State and Zip Code)

For further information concerning this matter, please call:

CHRISTY COMPLO

(Name of Contact Person)

at (305) 364-4101

(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

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

**CERTIFICATE OF DISSOLUTION
FOR**

JACKSONVILLE PROPERTIES ASSOCIATES, LLLP

(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 AUG. 12, 1992, assigned Florida document number A33311, hereby submits this Certificate of Dissolution.

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

UNDER THE PROVISIONS OF THE AGREEMENT OF LIMITED PARTNERSHIP, THE PARTNERSHIP

HAS DISPOSED OF ALL, OR SUBSTANTIALLY ALL, OF THE ASSETS OF THE PARTNERSHIP

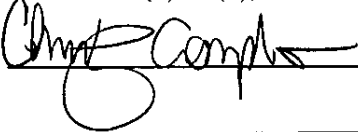
RESULTING IN THE DISSOLUTION OF THE PARTNERSHIP.

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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



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

FILED
10 MAR -2 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

JACKSONVILLE PROPERTIES ASSOCIATES LLLP

Description of information that must be included in a claim:

ALL CLAIMS AGAINST THE ASSETS OF THIS PARTNERSHIP MUST
BE MADE IN WRITING AND MUST INCLUDE THE CLAIM AMOUNT,
BASIS, AND ORIGATION DATE OF SUCH CLAIM.

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

ACCOUNTING DEPARTMENT

THE KISLAK ORGANIZATION

7900 MIAMI LAKES DRIVE W, 3RD FL

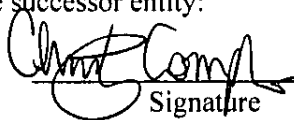
MIAMI LAKES, FL 33016

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:

CHRISTY COMPLO

Printed Name


Signature

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR -2 PM 3:00

FILED