

A94 000000917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

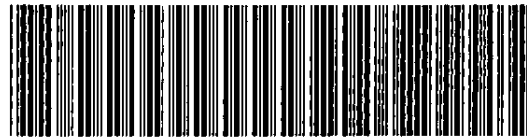
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AUG -1 2011

EXAMINER



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07/29/11--01030--013 **105.00

FILED
11 JUL 29 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The JAMDA - S.L. Limited Partnership
(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:

Michael C. Giardiello
(Contact Person)

Frieze Cramer Rosen & Huber LLP
(Firm/Company)

60 Walnut St.
(Address)

Wellesley, MA 02481
(City, State and Zip Code)

For further information concerning this matter, please call:

Michael C. Giardiello at (781) 943-4050
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

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

**CERTIFICATE OF DISSOLUTION
FOR**

The JAMDA - S.L. Limited Partnership

(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 July 7, 1994, assigned Florida document number A94000000917, hereby submits this Certificate of Dissolution.

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

An event occurred that requires the dissolution of the Limited

Partnership under the Limited Partnership's Limited Partnership

Agreement.

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.: *

Susan Levy
Susan Levy

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

Susan Levy is not the general partner but rather a person appointed pursuant to s. 620.1803(3), F.S.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUL 29 PM 2:29

FILED

**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:

The JAMDA - S.L. Limited Partnership

Description of information that must be included in a claim:

Name and address of claimant and a description of the claim

including the factual basis of the claim and the amount

of damages sought by claimant.

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

c/o Susan Levy

4550 NW 100th Ave.

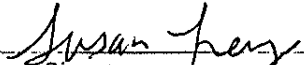
Coral Springs, FL 33065

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:

Susan Levy

Printed Name


Signature

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

* Susan Levy is not the general partner but rather a person appointed pursuant to s. 620.1803(3), F.S.