## A9400001779

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:   SUBJECT:   (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:	
Don Allison (Contact Person)	
(Contact Person)	
Gillespie & Allison, P.A.	
(Firm/Company)	
) ) JE ) (N 31. ) 318 100	
(Address)	
Bocz Raton, FL 33432	
(City, State and Zip Code)	
For further information concerning this matter, please call:	
DON ALLISON 21 ( 561 ) 368-5258	
Name of Contact Person) at (561) 368-5758  (Area Code and Daytime Telephone Number)	
Enclosed is a check for the following amount: Please return Certificate	?
\$52.50 Filing Fee and Certificate of Status  \$\begin{array}{cccccccccccccccccccccccccccccccccccc	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations  Division of Corporations	
Clifton Building P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314	
Tallahassee FL 32301	

## CERTIFICATE OF DISSOLUTION FOR

## JACK CIRCLE and BEVERLY CIRCLE FAMILY L.P.

(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 **DECEMBER 20.1994**, assigned Florida document number A9400001779, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution) all general partners and of all limited partners F.S. \$620.1801 (b) **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