A9600000l932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)
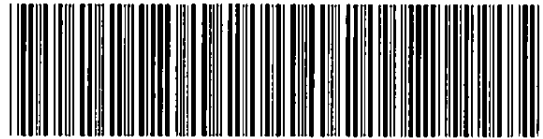
☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

09/09/24--01026--021   **52.50

R. HUNT
09/09/24

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: ___JSC FAMILY PARTNERSHIP, LTD._____
<div align="center">(Name of Florida Limited Partnership or Limited Liability Limited Partnership)</div>

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Joseph M. Landolfi, Jr., Esq., LL.M.
<div align="center">(Contact Person)</div>

Shapiro, Blasi, Wasserman & Hermann, P.A.
<div align="center">(Firm/Company)</div>

7777 Glades Road, Suite 400
<div align="center">(Address)</div>

Boca Raton, FL 33434
<div align="center">(City, State and Zip Code)</div>

For further information concerning this matter, please call:

Joseph M. Landolfi, Jr., Esq., LL.M.   561   477-7800
                                      at (_____)_____
<div align="center">(Name of Contact Person)   (Area Code)   (Daytime Telephone Number)</div>

Enclosed is a check for the following amount:

■ $52.50 Filing Fee   ☐ $61.25 Filing Fee   ☐ $105.00 Filing Fee   ☐ $113.75 Filing Fee,
                          and Certificate of   and Certified Copy   Certified Copy, and
                          Status   Certificate of Status

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

JSC FAMILY PARTNERSHIP, LTD.
_____

(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___SEPTEMBER 25, 1996_____, assigned Florida document number_A96000001932_____, hereby submits this Certificate of Dissolution.

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

In accordance with the terms of the Partnership Agreement, all general partners consent to the partnership's

dissolution.
_____

_____

_____

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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

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:
JSC FAMILY PARTNERSHIP. LTD.

Description of information that must be included in a claim:

(1) Name, address, telephone number, email address, and fax number of claimant or authorized

representative of claimant, if a business entity; (2) description of claim; (3) documentation or proof of

claim; and (4) whether claim is secured, unsecured, contingent, or unliquidated.

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

582 NW Dickens Court

Boca Raton, Florida 33432

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:

Lynn Nobil, Pres of JSC Family Corp. (GP)	
Printed Name	Signature

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