A98000000459

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Da	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



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CLLAHASSES FLORIDA

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COVER LETTER

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Division of	Section Corporations						
	vkamp Family Lim				ited Partnership)	_
The enclosed Certif	icate of Dissolution ar	d fee(s) are sul	bmitted	for filing.		
Please return all cor	respondence concerni	ng this	matter t	o:			
Scott Timmer							
	(Contact Person)						
Miller Johnson							
	(Firm/Company)						
250 Monroe Ave., NV	V, Ste. 800, PO Box 306						
,	(Address)						
Grand Rapids, MI 495				·- ·-·			
	(City, State and Zip Code)						
For further information	tion concerning this m	atter, pl	ease ca	11:		~> -	(B)
Scott Timmer		at (616) 83	1-1787	1 ⁻⁷	Ŧ
(Name of Con	tact Person)	a. _	(Area Co	ode and D	Paytime Telepho	ne Number)	7
Enclosed is a check	for the following amo	unt:				5.次 图 2.1 图 0.1	8
✓ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		05.00 Fil Certified 0		\$113.75 F Certified Co Certificate o	py, and	64 : GHW
STREET ADDRES	SS:		MA	ILING	ADDRESS:		
Registration Section		Registration Section					
Division of Corporations		Division of Corporations					
Clifton Building		P. O. Box 6327					
2661 Executive Cer			Talla	ahassee,	FL 32314		
Tallahassee, FL 32.	301						

CERTIFICATE OF DISSOLUTION FOR

Bouwkamp Family Limited	Partnership
(Name of Florida Limited F	Partnership or Limited Liability Limited Partnership)
partnership or limited liability limit Florida Department of State on Fel	on 620.1203, Florida Statutes, this Florida limited ited partnership, whose certificate was filed with the bruary 19, 1998, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
The partnership is terminating its busin	ness.
	
	623
SECOND: A Notice of Disso	olution is attached.
(Check box if atta	ached.)
THIRD: Effective date, if other than the	
(Effective date cannot be prior to nor mor Department of State.)	re than 90 days after the date this document is filed by the Elorida
Signatures of each general partner s. 620-1803(3) or (4), F.S.:	or the person appointed pursuant to
Durton H. Down	cms/
,	
Filing Fee:	\$52.50
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75
continues or present (obtioner).	~~.

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	:	
Bouwkamp Family Limited Partnership		
Description of information that must be included in a claim:		
Details as to basis for claims.		
•	From	28
	7-11 25-11 25-11	
	が発	-18
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)	Ficking.	64 :C M3
Burton Bouwkamp, 3641 Cook Valley Blvd., SE, Grand Rapids, MI 49546		_
		_
		_
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 4 years after the filing of the notice.	l within	_
Signature of a general partner or a principal of the successor entity:	0	1
Burton H. Bouwkamp	Kong	g/
Printed Name Signature		

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