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(((H220003415163)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (407)841-1200 Phone : (407)423-1831 Fax Number

DISS/TERM/CANCEL/REV OF LP/LLP BJP REAL ESTATE PARTNERSHIP, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52,50

C. BRUMBLEY

OCT - 6 2022

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10/05/2022 10:19 AM

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CERTIFICATE OF DISSOLUTION **FOR**

BJP REAL ESTATE PARTNERSHIP, LTI	D
(Name of Florida Limited Partnership or	Limited Liability Limited Partnership)
partnership or limited liability limite Florida Department of State on July document number A98000001703 Dissolution.	, hereby submits this Certificate of
FIRST: Reason for dissolution: (Se	tate why partnership is submitting dissolution)
Consent of General Partner	<u> </u>
·	E S
Department of State.)	e date of filing: December 31, 2022 e than 90 days after the date this document is filed by the Florida s not meet the applicable statutory filing requirements, this date wil
Signatures of each general partner or the polynomial of the polynomial of the polynomial of GP	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8,75

(((H22000341516 3)))

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:

BJP REAL ESTATE PARTNERSHIP, LTD.

Description of information that must be included in a claim:

Name and Address of Claimant:

Amount of Claim:

Basis of Claim:

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

P.O. Box 427

Keswick, VA 22947

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:

Aubrey S. Phillips, President of GP

Printed Name

Signature

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