

APPROPRIATE

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

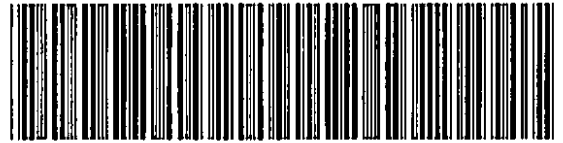
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/17/21--01013--027 \*\*\$2.50

FILED  
2021 JUN 11 AM 11:05

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\*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2021

CHARLES W. VOGLEY  
REM SYSTEMS, INC.  
P.O. BOX 436  
MALVERN, PA 19355

SUBJECT: JOEMAR CAPITAL INVESTMENTS, LTD.  
Ref. Number: A98000001770

We have received your document for JOEMAR CAPITAL INVESTMENTS, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incomplete. In order to dissolve your limited partnership you must file a certificate of dissolution. I have enclosed a form for your convenience. Please fill out and attach the certificate of dissolution to your notice of dissolution and resubmit the entire document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
OPS

Letter Number: 021A00011015

*Please see Attached*

2021 JUN 11 PM 2:27  
RECEIVED

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: JOEMAR CAPITAL INVESTMENTS LTD  
(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:

CHARLES VOGEELEY  
(Contact Person)

REM SYSTEMS INC  
(Firm/Company)

PO Box 436  
(Address)

MAVERA PA 19355  
(City, State and Zip Code)

For further information concerning this matter, please call:

CHARLES VOGEELEY at ( 610 ) 296-9730  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$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**

FILED  
2021 JUN 11 AM 11:05

JOEMAR CAPITAL INVESTMENTS 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 14 JULY 1998, assigned Florida document number A98000001770, hereby submits this Certificate of Dissolution.

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

Business CONCLUDED

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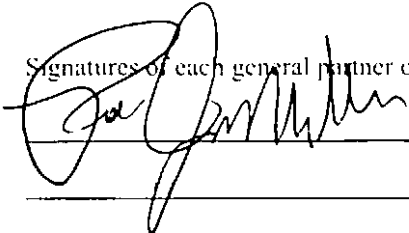
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**SECOND:**  A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: 12/31/2020  
(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.:

 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

**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:

JOEMAR Capital Investments, LTD

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Description of information that must be included in a claim:

Any persons with unknown claims must present them in accordance with the notice. Details and proof of

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claim must be included and mailed via certified mail to the address below.

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

JOEMAR Capital Investments, LTD

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c/o REM Systems, Inc.

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PO Box 436

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Malvern, PA 19355

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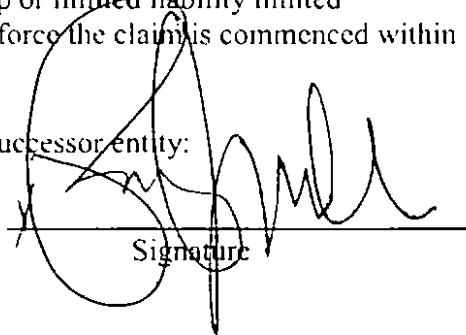
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of notice.

Signature of a general partner or a principal of the successor entity:

Ronald J Miller

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Printed Name



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Signature

**Filing Fee:** \$52.50  
**Certified Copy (optional):** \$52.50