A9900002196

(Re	questor's Name)			
(Ad	ldress)	_		
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	WAIT	MAIL		
	· · ·			
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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Office Use Only



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2021 NOV 12 AM 10: 17 SEGGET CARTOTSTATE FALL AHASSEE, FLORES

SMITH HULSEY & BUSEY

DAVID J. HULL DIRECT904.359.7769 DHP4L@SMITHFULSEY.COM

November 10, 2021

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Dissolution of LJW Enterprises, Ltd.

Document No. A99000002196

Dear Clerk:

Enclosed are a Certificate of Dissolution and Notice of Dissolution for LJW Enterprises, Ltd.

Also enclosed is a check in the amount of \$52.50 for the Certificate of Dissolution filing fee. Please call me at 904-359-7782 if you have any questions regarding this filing.

Sincerely,

Sarah Knight, CP

Paralegal to David J. Hull

/sk

Enclosures: Certificate of Dissolution

Notice of Dissolution

Check No. 94789

01129477.DOCX

COVER LETTER

IO: Registration	Section		
Division of Corpora	tions		
SUBJECT: LJW En	terprises, Ltd.		
	(Name of Florida Limited Pa	rinership or Limited Liability Lim	ited Partnership)
	cate of Dissolution a respondence concerr	and fee(s) are submitted ing this matter to:	d for filing.
	(Conta	et Person)	
LJW Enterprises, Ltd.			
	(Firm/	Company)	
710 Piedmont Drive		_	
	(Add	ress)	
Tallahassee, Florida 32	312		
	(City, State a	nd Zip Code)	
For further informat	ion concerning this n	natter, please call:	
Shirley Wray Pace		at (
(Name o	Contact Person)	at ()(Area Code) (D	aytime Telephone Number)
Enclosed is a check	for the following am	ount:	
■\$52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	S113.75 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

LJW Enterprises, Ltd.				
(Name of Florida Limited Partnership	or Limited Liabilit	y Limited Partnership)	_	
Pursuant to the provisions of section partnership or limited liability liming Florida Department of State on December 1990,000,000,000,000,000,000,000,000,000	ited partnership cember 23, 1999	, whose certificate w	as filed with the ssigned Florida	
FIRST: Reason for dissolution:	(State why parti	nership is submitting	dissolution)	
The general and limited partners all agre	e the company sho	uld be dissolved.	,	
				_
				_
SECOND: A Notice of Disso (Check box if		ed.		_
THIRD: Effective date, if other than the (Effective date cannot be prior to nor mode Department of State.) Note: If the date inserted in this block do not be listed as the document's effective of the control of th	re than 90 days afte es not meet the app	olicable statutory filing re		
Signatures of each general partner of the Mility (Mility Mility Mility Multiple) and Malford Mana (Mility Malford)	person appointed p	ursuant to s. 620.1803(3) or (4), F.S.:	_ _ _
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			ZOZI NOV 12 AM ID.
			ATE BEST BEST BEST BEST BEST BEST BEST BE	

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.

3. 020.1607, 1.3.
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: LJW Enterprises, Ltd.
Description of information that must be included in a claim:
The identity and contact information for the person or entity asserting
the claim, the date the claim arose, the amount of the claim, and a
description of the facts and circumstances underlying the claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
710 Piedmont Drive
Tallahassee, Florida 32312
A claim against the above named limited partnership or limited liability limited partnersh 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:
Shirley Wray Pace Shirley Color
Printed Name Signature 339

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