B19000000315

(Requestor's Name)
(Address)
İ
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

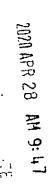




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Notice when care

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Jammes Road Family Limited Partner	ership	
SUDJECT:	or Limited Liability Limited Partnership)	
The enclosed Notice of Cancellation and fe	e(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to:	
Della Jean Gilreath		
(Contact Person)		
(Firm/Company)		
7739 Rolling Hills Dr		
(Address)		
Jacksonville, Florida 32221		
(City, State and Zip Code)		
For further information concerning this mat	tter, please call:	
Paul Gilreath	at (904) ²³⁷⁻³⁷⁹⁸	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check for the following amou	nt:	
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Jammes Road Family Limited Partnership		
(Name of foreign limited p	artnership or limited liabilit	y limited partnership)
B19000000315		
(Florida Docume	ent Number of the Foreign L	P or LLLP)
Indiana		
	risdiction of formation)	
12/30/2019	,	
(Date authori	zed to transact business in l	Florida)
This foreign limited partnership or I transacting business in Florida and vs. 620,1907, F.S.		
This entity appoints the Florida Deprights of action arising out of the tra		
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)		this document is filed by the Florida
NOTE: If the date inserted in this be requirements, this date will not be liberated because of State's records.		• • •
Signature of a general partner: Wella Jean J	ilreate	203
Typed or printed name:		020 APR
Della Jean Gilreath		γ _R 28
Filing Fee:	\$52.50	>
Certified Copy (optional):	\$52.50	ب ب
Certificate of Status (optional):	\$8.75	ra 📆