

B94000000283

(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



300097137663

04/19/07--01017--023 **52.50

05/10/07--01002--002 **8.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY -8 AM 7:28

J. BRYAN APR 20 2007

JB



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2007

JODY NIELSEN
1925 HIGHWAY 97 SOUTH
CANTONMENT, FL 32533

SUBJECT: THE J.L. NIELSEN FAMILY LIMITED PARTNERSHIP
Ref. Number: B94000000283

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY -8 AM 7:28

We have received your document for THE J.L. NIELSEN FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 007A00026904

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE J. L. NIELSEN FAMILY LIMITED PARTNERSHIP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JODY NIELSEN

(Contact Person)

(Firm/Company)

1925 HIGHWAY 97 SOUTH

(Address)

CANTONMENT, FL 32533

(City, State and Zip Code)

For further information concerning this matter, please call:

CONNIE L. CUSHING, CPA at (850) 435-7400

(Name of Contact Person)

(Area Code and 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

*You have already
received \$52.50, enclosed
is \$8.75*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY - 8 AM 7:28

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

THE J.L. NIELSEN FAMILY LIMITED PARTNERSHIP

(Name of limited partnership or limited liability limited partnership)

TEXAS

(Jurisdiction of formation)

July 18, 1994

(Date authorized to transact business in Florida)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY - 8 AM 7:28

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: April 30, 2007

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:

x Jaysha Goldens, Inc by Jody Nielsen, President

Typed or printed name:

JAYSHA GOLDENS, INC

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75