

A01 000 000 458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

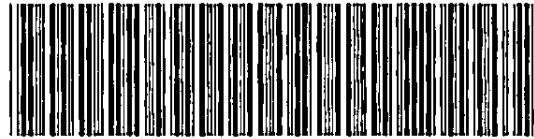
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 APR 29 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

JUN 21 2022

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: KNK TAMPA, 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:

SHAINDY GARFINKEL

(Contact Person)

WOLF, RIFKIN, SHAPIRO, SCHULMAN & RABKIN, LLP

(Firm/Company)

11400 W OLYMPIC BLVD 9TH FL

(Address)

LOS ANGELES, CA 90064

(City, State and Zip Code)

For further information concerning this matter, please call:

SHAINDY GARFINKEL

at (

310

478-4100

(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

KNK TAMPA, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership) **2022 APR 29 PM 3: 34**

Pursuant to the provisions of section 620.1203, Florida Statutes, this ~~Florida limited~~ ^{SECRETARY OF STATE} partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 04/04/2001, assigned Florida document number A01000000458, hereby submits this Certificate of Dissolution.

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

NO LONGER CONDUCTING ANY BUSINESS

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

THIRD: Effective date, if other than the date of filing: _____
(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.:

Walter L. Weisman

WALTER L. WEISMAN, TRUSTEE OF THE

GOTTLIEB MARITAL TRUST, ITS GENERAL PARTNER

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