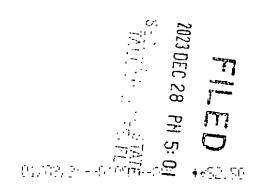
AB 000000229

	(Requestor's Name)	·		
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	wait	MAJL		
	(Business Entity Name)	.		
	(Document Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
		,		

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A DUTIER EIC 2 J 2023

COVER LETTER

TO:	Registration	Section		
Divisio	on of Corpora	tions		
SUBJE	NKWH	LIMITED PARTENRSH		
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)				
Please		icate of Dissolution at respondence concerni		tted for filing.
		(Contac	t Person)	
		(Firm/C	ompany)	
1314 O	AKRIDGE RO	AD		
		(Addr	ess)	
DEFUN	TAK SPRINGS	, FL 32433-5299		
		(City, State a)	nd Zip Code)	
For fur	ther informa	ion concerning this n	natter, please call:	
JOSEPI	FR. HULL		850 at (545-7006).
	(Name e	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclose	ed is a check	for the following amo	ount:	
\$52.5	50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing F and Certified Co	
STRE	ET ADDRE	SS:	MAILING ADDRESS:	
Registration Section		Registration Section		
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327		
2661 Executive Center Circle		Tallahassee, FL 32314		

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

CERTIFICATE OF DISSOLUTION	
FOR	
NKWH LIMITED PARTENRSHIP, L.L.L.P. 2000	rro
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)	LED 28 PH 5:01
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 02/13/2003, assigned Florida document number A03000000229, hereby submits this Certificate of Dissolution.	SESTATE SESTE
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	
DISSOLUTION OF ASSETS, WINDING UP OF LIMITED PARTNERSHIP	
	_
SECOND: A Notice of Dissolution is attached. (Check box if attached.)	_
THIRD: Effective date, if other than the date of filing: DECEMBER 31, 2023	
Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida	- 1
Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date not be listed as the document's effective date on the Department of State's records.	will
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.: Joseph Kill H. Marasins Partner ———————————————————————————————————	_
	_
	

\$52.50

\$52.50 \$8.75

Filing Fee:

Certified Copy (optional): Certificate of Status (optional):