

A04000000406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

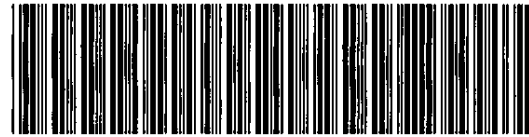
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/03/14--01008--011 **52.50

FILED
2014 APR -7 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 09 2014
D. BRUCE

**LAPADULA
CARLSON
+ Co.** CERTIFIED
PUBLIC
ACCOUNTANTS

550 BILTMORE WAY
SUITE 1200
CORAL GABLES
FLORIDA
33134

TELEPHONE
305
529.9300

FACSIMILE
305
529.0012

WEBSITE
lapadula.com

March 31, 2014

Florida Division of Corporations
Registration Section
P O Box 6327
Tallahassee, FL 32314

Re: Kleman Associates, LLLP
Doc #A04000000466

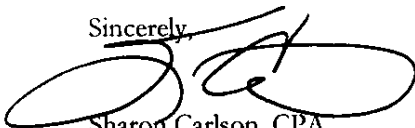
Ladies/Gentlemen,

I have enclosed, on behalf of our above referenced client, a Certificate of Dissolution along with the filing fee of \$52.50.

All matters related to the establishment of this partnership have been completed and there is no reason to continue this partnership.

Please contact me should you require any additional information.

Sincerely,



Sharon Carlson, CPA
For the Firm

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2014 APR -7 PM 1:15
CLERK OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kleman Associates, LLLP

(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:

Sharon Carlson

(Contact Person)

LaPadula, Carlson + Co

(Firm/Company)

550 Biltmore Way, Suite 1200

(Address)

Coral Gables, FL 33134

(City, State and Zip Code)

For further information concerning this matter, please call:

Sharon Carlson

(Name of Contact Person)

at (305) 529-9300

(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

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2014 APR -7 PM 1:15
TALLAHASSEE, FLORIDA
CLERK OF STATE

**CERTIFICATE OF DISSOLUTION
FOR**

Kleman Associates, LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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 March 23, 2004, assigned Florida document number A04000000466, hereby submits this Certificate of Dissolution.

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

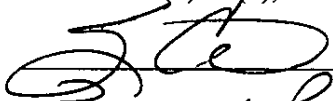
All matters for which the partnership was formed have been completed.

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

THIRD: Effective date, if other than the date of filing: December 31, 2013

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

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:


Personal Representative

RECEIVED
FLORIDA DEPARTMENT OF STATE
JAN 14 2014 10:15 AM

2014 APR -7 PM 1:15

FILED

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