## ACHOOCOCUALO

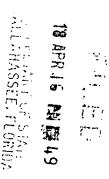
(Re	equestor's Name)				
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Special Instructions to	Filing Officer:				





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March 13, 2018

MARY KALIMNIOS 1747 ROCKLEDGE DR ROCKLEDGE, FL 32955

SUBJECT: KALIMNIOS ENTERPRISES LIMITED PARTNERSHIP

Ref. Number: A0400000696

We have received your document for KALIMNIOS ENTERPRISES 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):

The limited partnership must complete and submit a Certificate of Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited partnership or limited liability limited partnership on our records. The fee to file both the Certificate of Dissolution and Notice of Dissolution is \$52.50.

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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 718A00005093

RECEIVED

1018 APR 16 PM 12: 48

DEPARTMENT OF STATE

UNISION OF CORPORATE

## **COVER LETTER**

**TO:** Registration Section

SUBJECT: Kalimnios Enterprises Limited Partnership  (Name of Florida Limited Partnership or Limited Liability Limited Partnership)  The enclosed Notice of Dissolution and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  Mary Kalimnios  (Contact Person)  (Firm/Company)  1747 Rockledge Dr  (Address)  Rockledge, Florida 32955  (City, State and Zip Code)  For further information concerning this matter, please call:  Mary Kalimnios  at (321 213-0735  (Name of Contact Person)  Enclosed is a check for the following amount:  2552.50 Filing Fee   \$61.25 Filing Fee and Certificate of Status  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle Fallahassee, FL 32301	Division of C	Corporations			
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)  The enclosed Notice of Dissolution and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  Mary Kalimnios  (Contact Person)  (Firm/Company)  1747 Rockledge Dr  (Address)  Rockledge, Florida 32955  (City, State and Zip Code)  For further information concerning this matter, please call:  Mary Kalimnios  (Name of Contact Person)  Enclosed is a check for the following amount:  2 \$52.50 Filing Fee  and Certificate of Status  STREET ADDRESS:  Registration Section Division of Corporations Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32314	SUBJECT: Kalim	nios Enterprises	Limited Partne	rship	
Please return all correspondence concerning this matter to:    Mary Kalimnios					
Mary Kalimnios  (Contact Person)  (Firm/Company)  1747 Rockledge Dr  (Address)  Rockledge, Florida 32955  (City, State and Zip Code)  For further information concerning this matter, please call:  Mary Kalimnios  (Name of Contact Person)  (Name of Contact Person)  Enclosed is a check for the following amount:  2\$52.50 Filing Fee	The enclosed Notice	of Dissolution and fe	ee(s) are submitted	for filing.	
(Contact Person)  (Firm/Company)  1747 Rockledge Dr  (Address)  Rockledge, Florida 32955 (City, State and Zip Code)  For further information concerning this matter, please call:  Mary Kalimnios  at (321 ) 213-0735 (Name of Contact Person)  Enclosed is a check for the following amount:  2\$52.50 Filing Fee	Please return all corr	respondence concerni	ng this matter to:		
(Firm/Company)  1747 Rockledge Dr  (Address)  Rockledge, Florida 32955 (City, State and Zip Code)  For further information concerning this matter, please call:  Mary Kalimnios (Name of Contact Person)  Enclosed is a check for the following amount:  2\$52.50 Filing Fee	Mary Kalimnios				
Rockledge, Florida 32955   (City, State and Zip Code)		(Contact Person)			
Rockledge, Florida 32955  (City, State and Zip Code)  For further information concerning this matter, please call:  Mary Kalimnios  (Name of Contact Person)  Enclosed is a check for the following amount:  \$\frac{2}{321}\$ 213-0735  (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\frac{2}{352.50}\$ Filing Fee		(Firm/Company)			
Rockledge, Florida 32955  (City, State and Zip Code)  For further information concerning this matter, please call:  Mary Kalimnios  (Name of Contact Person)  (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:  2\$52.50 Filing Fee  and Certificate of Status  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Resistration Section  Division of Corporations  P. O. Box 6327  Tallahassee, FL 32314	1747 Rockledge				
(City, State and Zip Code)  For further information concerning this matter, please call:  Mary Kalimnios  at (321) 213-0735  (Name of Contact Person) (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\int_{\text{s}}\$\$ \$52.50 \text{ Filing Fee}  \text{\$\text{s}}\$ \$61.25 \text{ Filing Fee}  \text{and Certified Copy}  \text{Certified Copy, and Certificate of Status} \$\$  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32314		(Address)			
For further information concerning this matter, please call:  Mary Kalimnios  (Name of Contact Person)  Enclosed is a check for the following amount:  Street Address:  Registration Section  Division of Corporations  Clifton Building  For further information concerning this matter, please call:  at (321 ) 213-0735  (Area Code and Daytime Telephone Number)  Street Address:  \$105.00 Filing Fee   \$113.75 Filing Fee, and Certified Copy, and Certificate of Status  MAILING Address:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32314	Rockledge, Flor	ida 32955			
Mary Kalimnios  (Name of Contact Person)  (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:   \$\sum_{\text{\$\frac{1}{2}}}\$	(	City, State and Zip Code)			
(Name of Contact Person)  (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\sumset\$\$\sum	For further informati	ion concerning this m	atter, please call:		
(Name of Contact Person)  (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\sum_{\text{\$\subset}}\$\$ \$2.50 \text{ Filing Fee}  \text{\$\subseteq} \$\$61.25 \text{ Filing Fee}  \text{\$\subseteq} \$\$105.00 \text{ Filing Fee}  \text{\$\subseteq} \$\$113.75 \text{ Filing Fee},  \text{\$\cong \text{Certified Copy}  \text{\$\cong \text{Certified Copy}  \text{\$\cong \text{Certificate of Status}}\$\$  \$\text{STREET ADDRESS:}  \text{\$\text{Registration Section}  \text{\$\text{Registration Section}  \text{\$\text{Division of Corporations}  \text{\$\text{Division of Corporations}  \text{\$\text{Piling Fee}  \text{\$\text{Registration Section}  \text{\$\text{Division of Corporations}  \text{\$\text{Piling Fee}  \$\text{\$\	Mary Kalimnios		at ( 321 )	213-0735	
\$\$52.50 Filing Fee	(Name of C	ontact Person)		nd Daytime Telephone Number)	
and Certificate of Status  STREET ADDRESS:  Registration Section Division of Corporations Clifton Building  and Certified Copy Certified Copy, and Certificate of Status  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	Enclosed is a check to	for the following amo	unt:		
Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	\$52.50 Filing Fee	and Certificate of		Certified Copy, and	
	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Registration Section Division of Corporations P. O. Box 6327		

## CERTIFICATE OF DISSOLUTION FOR

- NALIMNIOS ENTERPRI	SES LIMITED	PART NERSHIP	,	
(Name of Florida Limited Partnership o	r Limited Liability Limited Pa	rtnership)		
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on 4 document number A04 b00008 Dissolution.	ed partnership, whose cei	rtificate was filed w	ith the	
FIRST: Reason for dissolution: (S	State why partnership is s	ubmitting dissolutio	n)	
The Partnership has no		-	•	
THE TURNSTON HE THE STO	more more pro	- OOCI Ag - POPO	103,	
	<del></del>		<del></del>	
SECOND: A Notice of Disso	lution is attached			
			7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
THIRD: Effective date, if other than th	e date of filing:		SEA CO	
(Effective date cannot be prior to nor more Department of State.)				
Note: If the date inserted in this block doe not be listed as the document's effective d.	s not meet the applicable status	tory filing requirements	This date will	
not be fisted as the document self-cerive a	ne on the Department of State	s records.	64 <b>6</b> 4	
Signatures of each general partner or the p	erson annointed nursuant to s	620 1803(3) or (4) F.S.		
May Kalinnios	User appointed parsuant to s.	(1) (4), 1 .5.	.•	
Juny Rauminos		ous -	<del></del>	
			<del></del>	
- I American				
Terr - Co.	053.50			
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50			
Certificate of Status (optional):	\$8.75			