A0400001503

(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: WOOD FORM					

Office Use Only



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SEURETARY OF STATE
TALLAHASSEE, FLORID

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2016

JACK KRAVITZ 5150 NW 82 TERRACE CORAL SPRINGS, FL 33067

SUBJECT: THE KRAVITZ FAMILY REAL ESTATE LIMITED PARTNERSHIP

Ref. Number: A0400001502

We have received your document for THE KRAVITZ FAMILY REAL ESTATE 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 form you submitted is for a CORPORATION - INC, but your entity is a LIMITED PARTNERSHIP - LP. Please complete and return the enclosed blank form(s).

There is a balance due of \$61.25.

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 Mason Regulatory Specialist II

Letter Number: 616A00000200

COVER LETTER

	Division of (_	
SUBJE	CCT: The Name of		My Real Est ac ip or Limited Liability Limi		
The end	closed Certifi	cate of Dissolution an	d fee(s) are submitted i	for filing.	
Please i	return all cor	respondence concernir	ng this matter to:		
	ack K	(Contact Person)			
		(Contact Person)			
<u></u>	50 111	(Firm/Company)	201 4 4		
0	50 NU	(Address)	- 330/7		
01	rar -	City, State and Zip Code)	3067		
For furt	ther information	ion concerning this ma	atter, please call:	49 7789	
<u> </u>	(Name of Cont	act Person)	(Area Code and D	aytime Telephone Number)	
Enclose	ed is a check	for the following amo	unt:		
\$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			MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

			intel Puter
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on	1 620.1203, F ed partnership	lorida Statutes, this Floo, whose certificate was	orida limited s filed with the igned Florida
FIRST: Reason for dissolution: (S	tate why part	nership is submitting d	issolution)
SECOND: A Notice of Disso (Check box if attack)	ched.)		
THIRD: Effective date, if other than the c	late of filing:	2-26-15	· · · · · · · · · · · · · · · · · · ·
(Effective date cannot be prior to nor more Department of State.)			is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person a	appointed pursuant to	
JACK KRAVITE	<u>)</u> -		
Filing Fee:	\$52.50	•	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		.20

FILED

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