

Division of Corporations

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A05000000424**Florida Department of State**

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DISS/TERM/CANCEL/REV OF LP/LLP**KUHLMAN TITLE OF SARASOTA, LLLP**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$52.50

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DIVISION OF CORPORATION

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**CERTIFICATE OF DISSOLUTION
FOR**

KUHLMAN TITLE OF SARASOTA, 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 2/25/05, hereby submits this Certificate of Dissolution.

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

The Partnership is being dissolved upon the decision of
the sole General Partner pursuant to Section 10.1(b) of
the partnership agreement and Section 620.1801(1)(a)
of the Florida Statutes.

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.)

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

Karen L. Kuhlman
[Signature]

STATE
TALLAHASSEE, FLORIDA

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**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

KUHLMAN TITLE OF SARASOTA, LLLP

Description of information that must be included in a claim:

Name and address of claimant, description of the services/product provided, including date and amount.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

Kuhlman Title of Sarasota, LLLP

Attn: Karen L. Kuhlman

306 Whitfield Avenue

Sarasota, FL 34243

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Karen L. Kuhlman

Printed Name

Karen L. Kuhlman

Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

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