A0500000983

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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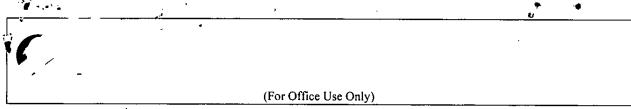
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SECRETARY OF STATE

C. LEWIS

APR 2 2 2009

EXAMINER



	(For Office Use Only)	
	COVER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: MYKIND LIMITI	ED PARTNERSHIP (Name of Partnership)	
DOCUMENT NUMBER: A050	00000983	
The enclosed Statement of Dissolu	tion for Partnership and fee(s) are submitted	i for filing.
Please return all correspondence co	oncerning this matter to the following:	
Michael Kind (Name of Person	n)	
(Firm/Company)		
5312 NW 60th Drive		
(Address) Coral Springs, Florida 330	067	
(City/State and 2		
For further information concerning	this matter, please call:	
Michael Kind (Name of Person)	at (954) 821-6652 (Area Code & Daytime Telephone Nur	nber)
STREET ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	C. LEWIS MAR 3 1 2009

2661 Executive Center Circle Tallahassee, Florida 32301

Tallahassee, Florida 32314

EXAMINER

CR2E070 (10/07)



April 1, 2009

MICHAEL KIND 5312 NW 60 DRIVE CORAL SPRINGS, FL 33067

SUBJECT: MYKIND LIMITED PARTNERSHIP

Ref. Number: A05000000983

We have received your document for MYKIND LIMITED PARTNERSHIP and check(s) totaling \$25.00 of which \$ has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$27.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a GENERAL PARTNERSHIP/LLP, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6047.

The form you or beind a for a GENERAL PARTNER SHIPN LP, but you entity by a lightness of the beauty of the beauty complete a to recurs the formal blooms.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00010941

COVER LETTER

		sion of Co	orporations					
	SUBJECT:	M	YKIND	Limite	d Pa	artnership		
	(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:							
	Michael Kind							
			(Contact Person)					
	531	'a NO						
	Core	a/ S/	(Address) Orings ity, State and Zip Co	FL 33	067			
		, (C	ity, State and Zip Co	ode)				
	For further information concerning this matter, please call:							
	Mic	hael	Kind	_{at (} 95	54 , 8.	21-6652		
	(Nam	e of Contac a check fo	et Person) or the following a	Mount: (Area	Code and D 254- 5	21-6652 aytime Telephone Number) 592-1751		
d.due	\$52.50 Filin	g Fee 150	\$61.25 Filing Fee and Certificate of Status	and Certifie		\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
	STREET A Registration Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporation ding tive Cente	ons er Circle	Re Di P.	egistration ivision of (O. Box 63	Corporations		

CERTIFICATE OF DISSOLUTION FOR

MYKIND	Limitea	Partnership	
		d Liability Limited Partnership)	_
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number A 0500000 Dissolution.	ed partnership, w 05/17/20	whose certificate was filed with the 05 and assigned Florida	
FIRST: Reason for dissolution: (S No ACTIVITY ON ANNICE O			
			_
			_
SECOND: A Notice of Disso (Check box if atta	ched.)	ı	
THIRD: Effective date, if other than the o	date of filing:	1/19/2009	
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after	the date this document is filed by the Floria	la
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person app	ointed pursuant to	
	_		_
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	TALL	

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2009 APR 21 PH 3: 09
SECRETARY OF STATE