

A05000000983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

APR 22 2009

EXAMINER

(For Office Use Only)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MYKIND LIMITED PARTNERSHIP

(Name of Partnership)

**DOCUMENT NUMBER:** A05000000983

The enclosed Statement of Dissolution for Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Kind

(Name of Person)

(Firm/Company)

5312 NW 60th Drive

(Address)

Coral Springs, Florida 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Kind

(Name of Person)

at (954 ) 821-6652

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**C. LEWIS**

**MAR 31 2009**

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 409A00010941

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MYKIND Limited Partnership  
(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)

(Firm/Company)

5312 NW 60th Drive

(Address)

Coral Springs, FL 33067

(City, State and Zip Code)

For further information concerning this matter, please call:

Michael Kind

(Name of Contact Person)

at ( 954 ) 821-6652

(Area Code and Daytime Telephone Number)

or 954-592-1751

Enclosed is a check for the following amount:

*bal. due of \$27.50*

☒ \$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

**CERTIFICATE OF DISSOLUTION  
FOR**

MYKIND Limited Partnership

(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 05/17/2005, assigned Florida document number A05000000983, hereby submits this Certificate of Dissolution.

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

NO ACTIVITY ON ADVICE OF LEGAL COUNCIL

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

**THIRD:** Effective date, if other than the date of filing: 4/19/2009

(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.:

MM

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

2009 APR 21 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED