(Re	equestor's Name)	
(Ad	ldress)	·
(Ad	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Ви	ısiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

47

TO: Registration Division of	Section Corporations		
SUBJECT: NK, I			1Power It's
(Name of	Florida Limited Partnersh	ip or Limited Liability Limi	ted Partnership)
The enclosed Certif	icate of Dissolution an	d fee(s) are submitted f	or filing.
Please return all con	respondence concerni	ng this matter to:	
Marjorie Sindelar			
	(Contact Person)		
c/o JHDF, Inc.			
	(Firm/Company)		
9400 River Crossing	Blvd., Suite 102		
3	(Address)		
New Best Bishes El	04055		
New Port Richey, FL	(City, State and Zip Code)		
	(City, State and Zip Code)		
For further informa	tion concerning this m	atter, please call:	
Marjorie Sindelar		at (727) 376	3-6831 xt 102
(Name of Cor	itact Person)		aytime Telephone Number)
Enclosed is a check	for the following amo	ount:	
\$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 ADDRE	SS:	MAILING .	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Cer Tallahassee, FL 32		Tallahassee,	FL 32314
Talialiassee, FL 32	JUL		

CERTIFICATE OF DISSOLUTION FOR

NK, Ltd.		<u> </u>
(Name of Florida Limited Par	tnership or Limited Liability Limited Partnership)	
		with the Florida
FIRST: Reason for dissolution: (St	ate why partnership is submitting dissolut	ion)
No longer doing business.		
		
		
		.
SECOND: A Notice of Dissol (Check box if attac) THIRD: Effective date, if other than the date	hed.)	
		·
(Effective date cannot be prior to nor more a Department of State.)	than 90 days after the date this document is filed b	y the Florida
Signatures of each general partner or s. 620.1803(3) or (4), F.S.:	the person appointed pursuant to	
THDF, Inc.		=
By: Bent		<u></u>
Alex R Deeb Pr	resident	25
Filing Fee:	\$52.50	7.
Certified Copy (optional):	\$52.50	<u>چ</u> 2
Certificate of Status (optional):	\$8.75	ற