

A05000001978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

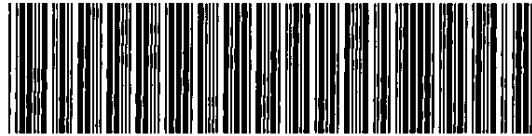
(Document Number)

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Certificates of Status \_\_\_\_\_

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05/31/06--01006--024 \*\*75.00

07/12/06--01013--003 \*\*27.50

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2006 JUL 13 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A05-1978  
qr



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2006

RONALD KOCHMAN  
222 LAKEVIEW AVENUE, SUITE 950  
WEST PALM BEACH, FL 33401

SUBJECT: MIMUN LIMITED PARTNERSHIP  
Ref. Number: A05000001978

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for MIMUN LIMITED PARTNERSHIP 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.

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

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 406A00038652

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIMUN LIMITED PARTNERSHIP  
(Name of Partnership)

**DOCUMENT NUMBER:** A05000001978

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

Please return all correspondence concerning this matter to the following:

Ronald S. Kochman, Esq.  
(Name of Person)

Kochman & Ziska PLC  
(Firm/Company)

222 Lakeview Avenue, Suite 950  
(Address)

West Palm Beach, FL 33401  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald S. Kochman, Esq. at ( 561 ) 802-8960  
(Name of Person) (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

CR2E070 (01/06)

39108

2006 JUL 13 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## KOCHMAN & ZISKA PLC

Ronald S. Kochman\*  
Maura A. Ziska

\*Also admitted in New York

Esperanté  
222 Lakeview Avenue, Suite 950  
West Palm Beach, Florida 33401

Telephone: (561) 802-8960  
Facsimile: (561) 802-8995

July 10, 2006

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

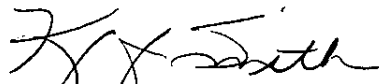
Re: ***Mimun Limited Partnership***  
**Document #A05000001978**

Dear Sir/Madam:

Enclosed is a Certificate of Dissolution for Mimun Limited Partnership together with a check in the amount of \$27.50 representing the additional filing fees.

If you have any questions, please call me.

Sincerely,



Kelly J. Smith, CLA  
Certified Legal Assistant

Enclosures

39390

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION**  
**FOR MIMUN 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 October 31, 2005, hereby submits this Certificate of Dissolution.

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

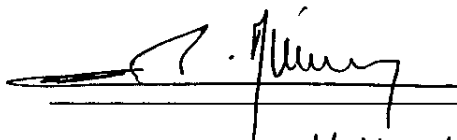
Written consent of all of the general partners of Mimun Limited Partnership.

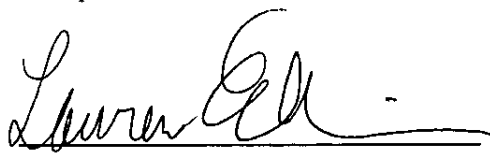
**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**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. :

  
\_\_\_\_\_  
CLEMENT C. MIMUN

  
\_\_\_\_\_  
LAUREN E. MIMUN

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

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TALLAHASSEE, FLORIDA

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