

06/05/2008 15:04 FAX

LEGALZOOM2444

001/003

Division of Corporations

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A08000000511

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

JUN - 6 2008

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

EXAMINER

DISS/TERM/CANCEL/REV OF LP/LLP

KINSER & WILLIAMS ENTERPRISES LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

RECEIVED

08 JUN - 6 AM 6:45

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2008 JUN - 6 AM 9:08

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KINSER & WILLIAMS ENTERPRISES LP
(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:

Antoine Corzine

(Contact Person)

Legalzoom.com, Inc.

(Firm/Company)

7083 Hollywood Blvd., Ste. 180

(Address)

Los Angeles, CA 90028

(City, State and Zip Code)

For further information concerning this matter, please call:

Antoine Corzine at (323) 962-8600

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$42.50 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

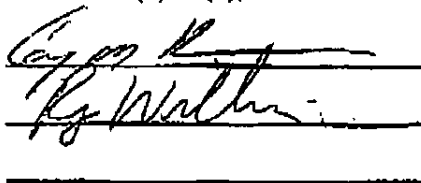
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**CERTIFICATE OF DISSOLUTION
FOR****KINSER & WILLIAMS ENTERPRISES LP**

(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 5/13/2008, assigned Florida document number A08000000511, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)Limited Partnership no longer conducting business**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. 620.1603(3) or (4), F.S.:

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

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