

AGS000001035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100362424841

03/23/21--01019--020 \*\*25.00

07/01/21--01003--003 \*\*27.50

FILED  
JUL 1 2021  
PM 1:52

JUL 2021

X



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2021 JUN 24 AM 11:46

June 3, 2021

COSMAN FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP  
8345 DEL PRADO DRIVE  
DELRAY BEACH, FL 33446

SUBJECT: COSMAN FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP  
Ref. Number: A08000001035

We have received your document for COSMAN FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a LLLP. Please complete and return the enclosed blank form(s).

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 121A00012109

Balance of \$ ~~25.00~~<sup>50</sup> fee enclosed  
(~~27.50~~<sup>50</sup>) along w/ copy of cashed  
\$25.00 check previously submitted

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cosman Family Limited Liability Limited Partnership A08000001035  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

Kathleen Nitabach  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

8345 Del Prado Drive  
(Address)

Delray Beach, Florida 33446  
(City, State and Zip Code)

For further information concerning this matter, please call:

Kathleen Nitabach at ( 954 ) 253-9708  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$52.50 Filing Fee	<input type="checkbox"/> \$61.25 Filing Fee and Certificate of Status	<input type="checkbox"/> \$105.00 Filing Fee and Certified Copy	<input type="checkbox"/> \$113.75 Filing Fee. Certified Copy, and Certificate of Status
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**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**CERTIFICATE OF DISSOLUTION  
FOR**

Cosman Family Limited Liability 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 12/15/2008, assigned Florida document number A08000001035, hereby submits this Certificate of Dissolution.

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

NO Longer in Business, all assets distributed  
General Partner Dissolved

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

**THIRD:** Effective date, if other than the date of filing: 4/15/21  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.

KATHLEEN NITABACH

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

FILED  
APR 15 2021  
PM 1:52  
30

**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Cosman Family Limited Liability Limited Partnership

Description of information that must be included in a claim:

Any and All information

No longer in business

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)

Kathleen Nitabach

8345 Del Prado Drive

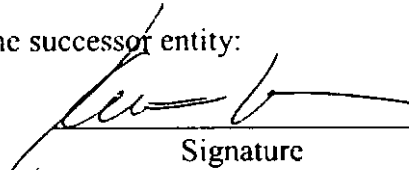
Delray Beach Florida 33446

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of notice.

Signature of a general partner or a principal of the successor entity:

Kathleen Nitabach

Printed Name

  
Signature

**Filing Fee:** \$52.50  
**Certified Copy (optional):** \$52.50