

A09000000649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

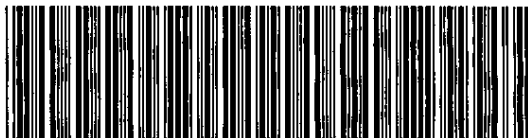
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600271095646

03/30/15--01049--008 \*\*157.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 30 AM 10:36

EFFECTIVE  
4-30-2015

C.L.  
4-3-15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Koestner Family Limited Partnership

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**Michael J. Cavaliere**

Contact Person

**Cavaliere Law Firm, LLC**

Firm/Company

**P.O. Box 80288**

Address

**Fairbanks, Alaska 99708**

City, State and Zip Code

**mike@cavalierefirm.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael J. Cavaliere**

(Name of Contact Person)

at ( **907** ) **978-0478**

(Area Code and Daytime Telephone Number)

☒ Certified copy (optional) \$52.50

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

15 MAR 30 AM 10:36

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 MAR 30 AM 10:36

**FIFTH:** If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:

Street address: c/o Cox & Nici  
1185 Immokalee Road, Suite 110  
Naples, Florida 34110

Mailing address: c/o Cox & Nici  
1185 Immokalee Road, Suite 110  
Naples, Florida 34110

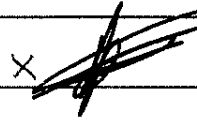
**SIXTH:** Other provisions, if any, relating to the merger:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 MAR 30 AM 10:36

**SEVENTH:** Signature(s) for Each Party:

(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Koestner Family Limited Partnership,		KFAM Limited Liability Company
a Florida limited partnership		General Partner,
		Rudolf L. Koestner, Manager
Koestner Family Limited Partnership,		KFAM Limited Liability Company
a Montana limited partnership		General Partner,
		Rudolf L. Koestner, Manager

**Fees:** Filing Fees: \$52.50 Per Party  
Certified Copy: \$52.50 (Optional)  
Certificate of Status: \$8.75 (Optional)