

A09 000 000 791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

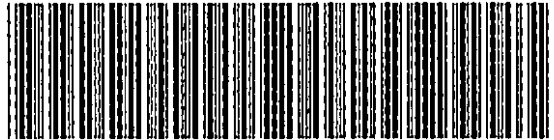
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/05/21--01009--002 **25.00

04/27/21--01035--007 ++27.50

S TALLENT
MAY 05 2021

Cert.
of
Dissolution



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2021

TIM L. KILPATRICK
770 CLEARBROOK PARK CIRCLE
DELRAY BEACH, FL 33445

SUBJECT: KILPATRICK FAMILY LIMITED PARTNERSHIP, LLLP
Ref. Number: A09000000791

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s). THERE IS AN ADDITIONAL FILING FEE OF \$27.50 STILL DUE.

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.

Susan Talient
Regulatory Specialist II

Letter Number: 421A00006192

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SECRETARIAL
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Kilpatrick Family Limited Partnership, LLP
(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:

Tim L. Kilpatrick
(Contact Person)

(Firm/Company)

770 Clearbrook Park Cir.
(Address)

Delray Beach, FL 33445
(City, State and Zip Code)

For further information concerning this matter, please call:

Tim Kilpatrick at (561) 436-4194
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

\$27.50

Per Letter 3/24/24

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

**CERTIFICATE OF DISSOLUTION
FOR**

Kilpatrick Family Limited Partnership, LLP
(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 November 13, 2009, assigned Florida document number A09000000791, hereby submits this Certificate of Dissolution.

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

All Properties have been sold.
Final Tax Return Filed

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.)

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.:

[Signature]

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

FILED
NOV 13 2009
TALLAHASSEE
FLORIDA
12 PM 11:26