

A120000000135

(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



300262230133

300262230133
08/20/14--01006--007 **25.00

09/16/14--01015--002 **27.50

FILED
14 SEP 15 PM 1:45
SEALANT OF STATE
TALLAHASSEE, FLORIDA

SEP 16 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kuhn Family Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

David Hughes
(Contact Person)

Kuhn Family Limited Partnership
(Firm/Company)

1521 Alton Rd. #106
(Address)

Miami Beach FL 33139
(City, State and Zip Code)

For further information concerning this matter, please call:

David Hughes at (305) 951-1112
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

~~\$27.50~~ - ~~\$25~~ already paid with letter 414A00018079

☒ \$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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2014

DAVID HUGHES
KUHN FAMILY LIMITED PARTNERSHIP
1521 ALTON RD #106
MIAMI BEACH, FL 33139

SUBJECT: KUHN FAMILY LIMITED PARTNERSHIP
Ref. Number: A12000000135

We have received your document for KUHN FAMILY 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

There is a balance due of \$27.50.

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) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 414A00018079

STATEMENT OF TERMINATION
FOR

Kuhn Family Limited Partnership

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

FILED
14 SEP 15 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 3/14/2012, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

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

Dan K Idighe

General Partner

Menasha Management, LLC

Manager

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75