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Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PAUL E. GHOUGASIAN, P.A.
Account Number : I20100000012
Phone : (561)391-4700
Fax Number : (561)391-4766

2024 MAY 21 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DISS/TERM/CANCEL/REV OF LP/LLP
KR FAMILY LIMITED PARTNERSHIP

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

RECEIVED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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K. SALY

MAY 22 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KR FAMILY LIMITED PARTNERSHIP

(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:
Paul E. Ghougasian, Esquire

(Contact Person)

Paul E. Ghougasian, P.A.

(Firm/Company)

2300 Glades Road, Suite 270W

(Address)

Boca Raton, Florida 33431

(City, State and Zip Code)

For further information concerning this matter, please call:

Paul E. Ghougasian, Esquire

at (561) 391-4700

(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

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

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CERTIFICATE OF DISSOLUTION FOR

KR FAMILY 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 Florida _____, assigned Florida document number A1200000088 _____, hereby submits this Certificate of Dissolution.

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

The partners have consented to the dissolution of the limited partnership.

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.:

Kenneth Rosenberg, General Partner

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

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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