A1500000 0290

(Re	equestor's Name)			
- (Ad	dress)	_		
<i>(,</i>	41000)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900285890929

05/23/16--01038--021 **52.50





May 24, 2016

KEVIN CONNER 1001 KINGS AVE SUITE 200 JACKSONVILLE, FL 32207

SUBJECT: KPI CALLS, LLLP Ref. Number: A15000000290

We have received your document for KPI CALLS, LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out the description of information that must be included in the claim on the notice of dissolution.

Please return the corrected original and one copy of 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.

Letter Number: 016A00010932

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section



January 20, 2016 Christina Cotes christina.cotes@vastbridges.com

To Whom It May Concern:

Please forward all questions regarding the dissolution of KPI Calls, LLLP to:

Christina Cotes (904)596-0255 christina.cotes@vastbridges.com

on behalf of Kevin Conner.

Thanks,

Kevin Conner

412912016 Date

Date

COVER LETTER

Division of C			
SUBTRICT: V	01 Calls /	110	
(Name of	Florida Limited Partnershi	LLP ip or Limited Liability Limit	ted Partnership)
The enclosed Certifi	cate of Dissolution an	d fee(s) are submitted f	or filing.
Please return all corn	respondence concernir	ng this matter to:	
Kevin G	Onnee (Contact Person)		
	(Firm/Company)		
1001 King	5 Aug Su (Address)	ite 200	
jacksonvill	(Address) (Address) (City, State and Zip Code)	32207	
((City; State and Zip Code)		
For further informat	ion concerning this ma	atter, please call:	
Kevin Cor	•	at (904) 6	13-3461
(Name of Cont	act Person)	(Area Code and D	aytime Telephone Number)
Enclosed is a check	for the following amo	unt:	
\$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 ADDRES	SS:	MAILING A	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 63	
2661 Executive Cen		Tallahassee,	FL 32314
Tallahassee, FL 323	5U1		

CERTIFICATE OF DISSOLUTION FOR

KPI caris	artnership or Limited Liability Limited Partnership)
(Name of Florida Limited Pa	artnership or Limited Liability Limited Partnership)
partnership or limited liability limited Florida Department of State on W	and 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the company of the compa
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
SECOND: A Notice of Disso (Check box if attac	
THIRD: Effective date, if other than the d	late of filing: 4/30/2016
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75