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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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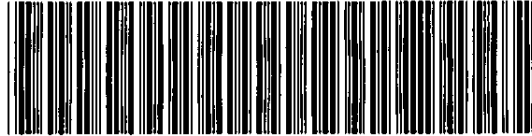
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2016 OCT 28 AM 8:50 16 OCT 28 PM 3:41

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K. SALY  
OCT 31 2016

**SUNSHINE** CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 10-28-16

ENTITY NAME:

KINWIN LIMITED

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

Plain Copy

Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

Certified Copy of Arts & Amendments

Certificate of Good Standing

**\*\*APOSTILLE/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: 52.50

CHECK NUMBER: 3016

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KINWIN LIMITED

(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:

Krystal Johnson, Paralegal

(Contact Person)

Miller & Martin PLLC

(Firm/Company)

832 Georgia Ave., Suite 1200

(Address)

Chattanooga, TN 37402

(City, State and Zip Code)

For further information concerning this matter, please call:

Krystal Johnson

(Name of Contact Person)

at ( 423 ) 785-8477

(Area Code and 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

FILED

2016 OCT 28 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF TERMINATION  
FOR**

**KINWIN LIMITED**

(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 1/23/1990, 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.:

Kinwin, Inc  
by [Signature] \_\_\_\_\_  
President \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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