

A30503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

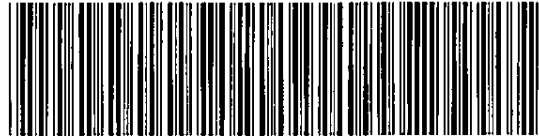
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FILED

2025 MAY 30 AM 7:12

SECRETARY OF STATE
TALLAHASSEE, FL

of 6/2/2025

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: CHILDREN'S CASTLE OF KISSIMMEE 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:

MRS. BONNIE APY

(Contact Person)

CHILDREN'S CASTLE OF KISSIMMEE LLP

(Firm/Company)

2993 BIG SKY BLVD.

(Address)

KISSIMMEE, FL 34744

(City, State and Zip Code)

For further information concerning this matter, please call:

BONNIE APY

(Name of Contact Person)

at (954) 445-1850

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ 27.50 Balance
~~\$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

May 6, 2025

BONNIE APY
2993 BIG SKY BOULEVARD
KISSIMMEE, FL 34744

SUBJECT: CHILDREN'S CASTLE OF KISSIMMEE, LLLP
Ref. Number: A30503

We have received your document for CHILDREN'S CASTLE OF KISSIMMEE, LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$27.50.

The form you submitted is for a Limited Liability Company, but your entity is a Limited Partnership. Please complete and return the enclosed blank form(s).

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 625A00009802

**CERTIFICATE OF DISSOLUTION
FOR**

FILED

CHILDREN'S CASTLE OF KISSIMMEE LLLP

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

2025 MAY 30 AM 7:12

SECRETARY OF STATE
TALLAHASSEE, FL

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 08/20/1990, assigned Florida document number A30503, hereby submits this Certificate of Dissolution.

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

BUSINESS SOLD

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.:

Bonnie Apy

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