

# A31988

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

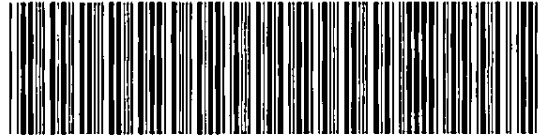
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400454842804

FILED

2025 AUG 18 AM 9:38

2025 AUG 18 AM 11:20



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 08/18/25  
Order #: 4314475-1  
Re: Kancov Investment Limited Partnership  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$52.50 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over a faint, circular stamp.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kancov Investment Limited Partnership  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Arlene Schnaidt

\_\_\_\_\_  
(Contact Person)

Kancov Investment Limited Partnership

\_\_\_\_\_  
(Firm/Company)

27750 Stansbury, Suite 200

\_\_\_\_\_  
(Address)

Farmington Hills, Michigan 48334

\_\_\_\_\_  
(City, State and Zip Code)

For further information concerning this matter, please call:

Arlene Schnaidt

at ( 248 ) 579-1077

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(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

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2025 AUG 18 AM 9:38

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF CANCELLATION  
FOR  
FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

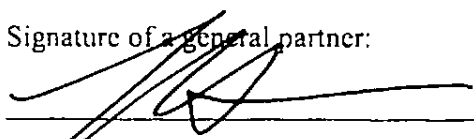
Kancov Investment Limited Partnership  
\_\_\_\_\_  
(Name of foreign limited partnership or limited liability limited partnership)  
A31988  
\_\_\_\_\_  
(Florida Document Number of the Foreign LP or L.L.LP)  
Michigan  
\_\_\_\_\_  
(Jurisdiction of formation)  
March 30, 1990  
\_\_\_\_\_  
(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

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.

Signature of a general partner:  
  
\_\_\_\_\_

Typed or printed name:  
Leonard Gyselinck  
\_\_\_\_\_

**Filing Fee:** \$52.50  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75  
WD-434620