

A95000001971

(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



800298221628

04/24/17--01015--018 **25.00

05/16/17--01026--028 **27.50

04/24/17--01015--018 **25.00

FILED
17 MAY 15 PM 3:25

O SIMMONS

MAY 16 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2017

FAY KIRKLAND
4140 STATE RD 44
NEW SMYRNA BCH, FL 32168

SUBJECT: THE KIRKLAND FAMILY LIMITED PARTNERSHIP
Ref. Number: A95000001971

We have received your document for THE KIRKLAND FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$27.50.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 717A00007989

RECEIVED
2017 MAY 15 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIRKLAND 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:

Fay L. KIRKLAND
(Contact Person)

(Firm/Company)

4140 STATE ROAD 44
(Address)

NEW SMYRNA BEACH, FL. 32168
(City, State and Zip Code)

For further information concerning this matter, please call:

Fay L. KIRKLAND at (386) 804-5472
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee
bal. #27.50
☐ \$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

**CERTIFICATE OF DISSOLUTION
FOR**

Kirkland 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 Dec. 18, 1995, assigned Florida document number A95000001971, hereby submits this Certificate of Dissolution.

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

We sold our land in 2016

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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Lay L. Kirkland
Glenn J. Schwartz
Karen A. Conroy

Deborah L. Kirkland

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

17 MAY 15 PM 3:25