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SESSETARY OF STATE

196-417 188 **COVER LETTER**

TO: Registration Division of	i Section Corporations		
SUBJECT: (Name o	K/ACCO L f Florida Limited Partnersh	TD, nip or Limited Liability Limited Partnership)	
The enclosed Certif	ficate of Dissolution ar	nd fee(s) are submitted for filing.	
Please return all co	rrespondence concerni	ing this matter to:	
Mathew	Pesnick		
	(Contact Person)		
Raines C ((Firm/Company)		
535 5th	Are 25th F	7	
	(Address)		
New York,	(City, State and Zip Code)		
For further informa	tion concerning this m	natter, please call:	
Matter Ros	nick	at (Ala) 953 - 9200 7	
(Name of Cor	ntact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check	for the following amo	nunt:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee \$113.75 Filing Fee, and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327	
2661 Executive Cer	nter Circle	Tallahassee, FL 32314	
Tallahassee, FL 32	301	•	

Certified Copy (optional): Certificate of Status (optional):

CERTIFICATE OF DISSOLUTION FOR

		imited Liability Limited Partne	
partnership or limited la	iability limited partnersh	ip, whose certificate was i	filed with the
Florida Department of Certificate of Dissolution	State on May 16, 20 on.	08, here	y submits this
FIRST: Reason for dis	ssolution: (State why pa	rtnership is submitting dis	solution)
The partnership	is discontin	wing its business	S
		·	
-	ice of Dissolution is attack k box if attached.)	ched.	
THIRD: Effective date, if	other than the date of filing:		•
-	, ,	after the date this document is j	
Department of State.)			No S
Signatures of each gene s. 620.1803(3) or (4), F	eral partner or the person	appointed pursuant to	LARA MAY
A. D.	W.		22 SSE
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			3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

\$52.50 \$8.75