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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

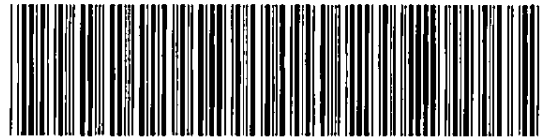
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KPHP Genpar, LLC

\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adrienne Johnson

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

Bourland, Wall & Wenzel, P.C.

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

301 Commerce Street, Suite 2500

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

Fort Worth, TX 76102

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

For further information concerning this matter, please call:

Adrienne Johnson

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

817

at (\_\_\_\_\_) \_\_\_\_\_

877-1088

(Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

KPHP Genpar, LLC

\_\_\_\_\_  
(Name of limited liability company)

Texas

\_\_\_\_\_  
(Jurisdiction of its organization)

04/02/2012

\_\_\_\_\_  
(Date registered with Florida Department of State)

M12000001842

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

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**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 authorized representative)

Amanda S. Baker, Manager

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for KPHP GENPAR, LLC (file number 801562858), a Domestic Limited Liability Company (LLC), was filed in this office on March 07, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 28, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State