

L18000058023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

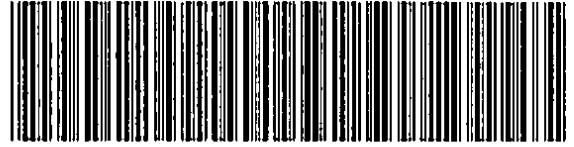
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CG

Office Use Only



800385527018

04/13/22 09:23:05 **20.01

FILED
2022 APR 13 PM 12:50
TALLAHASSEE FL

cf 5/20/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KFDS ENTERPRISES LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIMBERLY FROTTEN

(Name of Person)

KFDS ENTERPRISES LLC

(Firm/Company)

4045 S Chickasaw Trl

(Address)

Orlando

(City/State and Zip Code)

For further information concerning this matter, please call:

KIMBERLY FROTTEN

(Name of Person)

407

668-1070

at (

_____) _____
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED

2022 APR 13 PM 12: 50

1. The name of a limited liability company is
KFDS ENTERPRISES LLC

SECRET STATE
TALLAHASSEE, FL

2. The Articles of Organization were filed on 3/5/2018 and assigned
document number L18000058023

3. The delayed effective date the dissolution if not effective on the date of filing: 7/6/2021
(effective date cannot be prior to or more than 90 days later than date document is received for 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.

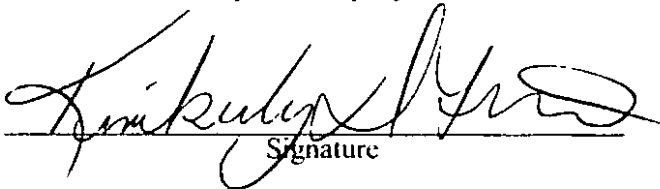
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
COVID-19 PANDEMIC.

COVID-19 PANDEMIC.

COVID-19 PANDEMIC.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

KIMBERLY FROTTEN
Printed Name

FILING FEE: \$25.00