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(Requestor's Name)	
(Address)	<u> </u>
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	atus
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COVER LETTER

Registration Section Division of Corporations

TO:

Kingdom Notary Signing LLC SUBJECT:		
(Name of Limit	ted Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submit	tted for filing.	
Please return all correspondence concerning this matter to	the following:	
Julie Soule Johnson		
(Na	me of Person)	
Kingdom Notary Signing LLC		
(Fir	m/Company)	
7901 4th Street North, Suite 300		
	(Address)	
St. Petersburg, FL 33702		
(City/St	ate and Zip Code)	
For further information concerning this matter, please call	l:	
Julie S. Johnson	727 871-9788 at ()	
(Name of Person)	(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:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabilit Kingdom Notary Signing, LLC	y company is			
2. The Articles of Organization	were filed on June 29.	. 2021	and assigned	
document number L21000299	782			
The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effective	late cannot be prior to or mails block does not meet t	iore than 90 days later than he applicable statutory fi	date document is receive	ed for filing) s date will not be
. A description of occurrence t 605.0707, Florida Statutes, (c	hat resulted in the lim	nited liability company (cover letter).	's dissolution pursua	ant to section
Decision to dissolve LLC due to	• •	*		
	_	·		
i. If there are no members, enter activities and affairs:		ss of the person appoir	•	ompany's
5. Signature of an authorized pobove to wind up the company's	rson or if there are no activities and affairs	o members, the signatu	re of the person app	ointed and listed
11111	Shoes-	Julie S. Johnson		2022 J
Signature Signature	1/1/1000		inted Name	
	FILING	FEE: \$25.00		IB AN