Lo400029691

(Requestor's Name)						
(Address)						
(Address)						
(Ci	ty/State/Zip/Phone	±#)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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04/24/15--01024--006



COVER LETTER

	•					
TO:	O: Registration Section Division of Corporations					
SUBJECT:		T&K Holdings, LL				
The end	losed A	rticles of Dissolution a				
Please r	eturn al	I correspondence conce				
		Kimberly Pacch				

(Name of Limited Liability Company)

and fee(s) are submitted for filing.

erning this matter to the following:

	(2)	
	(Name of Person)	
T&K Holdings, LL	С	
	(Firm/Company)	
570 Westwood La	nne	
	(Address)	-
Weston, FL 3332	5	
	(City/State and Zip Code)	

For further inform

Kim Pacchioli 754 (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:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED MIS APR 24 PH 1: 87 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1.	The name of a limited liabi	lity company is		TALLAHASSEE, FL
2.	The Articles of Organization	n were filed on 2004		and assigned
	document number L04000	0029691		
3.	The delayed effective date (effective	the dissolution if not eff date cannot be prior to or mo	ective on the date of filing ore than 90 days later than date d	ocument is received for filing)
4.	A description of occurrence 605.0707, Florida Statutes, (We never actually did a	(copy 605.0707 on back	cover letter).	ing
لمنل	not work out. I just kep	t it open in case we	decided to do any oth	er ventures.
	I just decided it was tim	ne to close it out and	not keep paying for it.	
5.	If there are no members, en	ter the name and address	s of the person appointed to	o wind up the company's
	activities and affairs:	Kimberly Pacchioli		
			· · ·	
6. lis	Signature of an authorized patted above to wind up the cor	person or if there are no mpany's activities and a	members, the signature of ffairs:	the person appointed and
4	mbrech P	scholi	Kimberly Pacchioli	
· 4	Signature		Printed	Name

FILING FEE: \$25.00