

L04000036420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

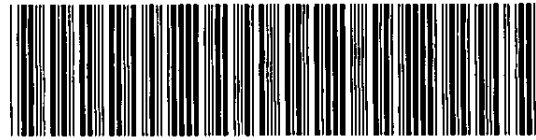
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 JUN 19 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 JUN 19 PM 2:24
DIVISION OF CORPORATIONS

N. Cuffigan JUN 22 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 675485 103489A
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : June 19, 2015
ORDER TIME : 1:22 PM
ORDER NO. : 675485-020
CUSTOMER NO: 103489A

DOMESTIC FILINGS

NAME: KINKORA PASS, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kinkora Pass, 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:

Joseph J. Plunkett, Esquire

(Name of Person)

Plunkett & Graver, P.C.

(Firm/Company)

2030 Tilghman Street, Suite 202

(Address)

Allentown, PA 18104

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph J. Plunkett

(Name of Person)

at (610) 432-1590

(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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Kinkora Pass, LLC

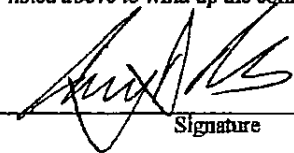
2. The Articles of Organization were filed on May 6, 2004 and assigned
document number L04000036420

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
Kinkora Pass, LLC is no longer doing business in the State of Florida.

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

Cory D. Boss, VP of Lamar Manager, Inc., the manager of
Printed Name Kinkora Pass, LLC

FILING FEE: \$25.00