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| (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: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: Kenne of Limited Liability Company) | | |
| (Nume of Minies | Salarini, Syrapany r | |
| The enclosed Articles of Dissolution and fee(s) are submitted | for filing. | |
| Please return all correspondence concerning this matter to the | | |
| Linda Mast | 10-Tome | |
| (Name o | of Person) | |
| | | |
| (Firm/Company) | | |
| 7390 tairway (ral | | |
| Buca Rater | dryss) N | |
| (Cirystate a | ind Zip Code) | |
| For further information concerning this matter, please call: | | |
| Linda Tome | at (561) 504-6510 (Area Code & Daytime Telephone Number) | |
| (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 | Registration Section | |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street. Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| ۱. | The name of a limited liability company is Kennedy VIII are I Co. |
|----------|--|
| 2. | The Articles of Organization were filed on $\frac{0.9}{21/2.004}$ and assigned |
| | document number 10400008589 |
| 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). |
| | We created this LLC but never, |
| | used it because the property sale/puro |
| | never occurred. |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs: |
| | Linda Mastro-Tome |
| | 7390 Fairway Trail |
| | Boca Lity (1. 33487) |
| 6. ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: |
| | Signature Livou MASTRO-TOME Printed Name |

FILING FEE: \$25.00