

LOS 0000 41017

(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:

Office Use Only



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04/07/14--01003--014 **25.00

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2014 APR -7 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LOS-41017

APR - 9 2014

I CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **KRK, 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:

Kerry Caffarelli

(Name of Person)

(Firm/Company)

13301 NW 10th St

(Address)

Sunrise, FL 33323

(City/State and Zip Code)

For further information concerning this matter, please call:

Kerry Caffarelli

(Name of Person)

at **954** **303-2273**

(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

KRK, LLC

2. The Articles of Organization were filed on 04/26/2005 and assigned
document number 202737618

3. The delayed effective date the dissolution if not effective on the date of filing: _____

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).

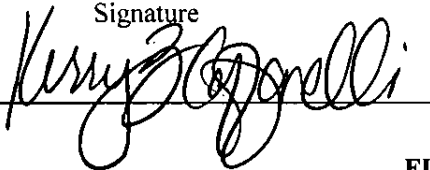
Ceased doing business

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

Robert M. Caffarelli

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



Printed Name

Kerry B. Caffarelli

FILING FEE: \$25.00

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