# L0500043027

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(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

KP ONE, 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:

Leonard Vandermast		
(Name of Person)		
(Firm/Company)		
6213 Marbella Blvd		
(Address)		
Apollo Beach, Fl 33572		
(City/State and Zip Code)		

For further information concerning this matter, please call:

## Leonard Vandermast

at (813 ) 6454588

(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

FILED

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

2015 MAY -7 AN IO 37 SECRETARY OF STATE

TALLAHASSEE, FLORIDA 1. The name of a limited liability company is KP ONE, LLC. 2. The Articles of Organization were filed on  $\frac{4-26-2005}{}$ and assigned document number L05000043027 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). Company ceased business activity. Closed with no assetts or debts. 5. If there are no members, enter the name and address of the person appointed to wind up the company's Leonard Vandermst 6213 Marbella Blvd Apollo Beach, Fl 33572 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:

**FILING FEE: \$25.00** 

Leonard Vandermast

Printed Name

### Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: R N ODE, LL L
Document number of Limited Liability Company is: LOSOOD 43027
Date of dissolution was 5-15-15
Description of information that must be included in a written claim:
NAME, ADDRESS, NATURE OF CLAIM.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
LEONARD VANDERMAST
6213 MARBEILA BLUD
Apollo BEACH, FL 33572

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

LEONARD VANDERMAST

Signature of the Person Filir