

L050000045668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

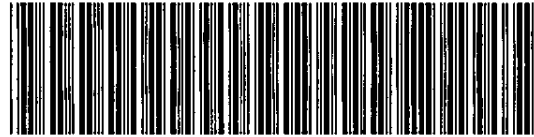
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/28/14--01033--001 **25.00

FILED
2014 APR 28 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ouligan MAY - 5 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KALPKO INTERNATIONAL, 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:

MIKHAIL KHALIP

(Name of Person)

KSM INTERNATIONAL HOLDINGS, LLC

(Firm/Company)

18671 COLLINS AVENUE, UNIT # 2201

(Address)

SUNNY ISLES, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

MIKHAIL KHALIP

(Name of Person)

at (786) 281-5442

(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
2014 APR 28 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
KALPKO INTERNATIONAL, LLC

2. The Articles of Organization were filed on 05/03/2005 and assigned
document number L05000045668

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)

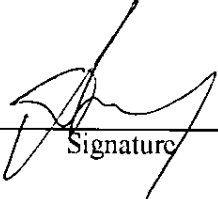
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

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

18671 COLLINS AVENUE, UNIT # 2201

SUNNY ISLES, FL 33160

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

MIKHAIL KHALIP
Printed Name

FILING FEE: \$25.00

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: KALPKO INTERNATIONAL LLC

Document number of Limited Liability Company is: L05000045668

Date of dissolution was: 04/28/2014

Description of information that must be included in a written claim:

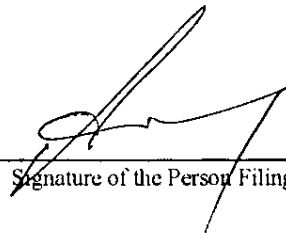
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2014 APR 28 AM 10:47
STATE ARCHIVE OF FLORIDA
TALLAHASSEE, FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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.

MIKHAIL KHALIP

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00