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April 12, 2016

KIMBERLY GRAVER PO BOX 1162 ORMIND BEACH, FL 32175-1162

SUBJECT: K.A.L. 4, LLC. Ref. Number: L05000085000

We have received your document for K.A.L. 4, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date can not be more than 90 days in the future.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 916A00007457

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

(.A.L.Y, LLC	ame of Limited 1	iability C	ompany)	
of Dissolution and fee(s) are submitted t	for filing.		
oondence concerning t	his matter to the	following:	;	
KINGELL	I GRNIA			
K	AL Y 1.1.C			
	•	этрапу)		
DO BOY	L 1162			
	(Add			
OMONO	BEACH,	Fi	32175	- 1165
		nd Zip Cod	e)	
concerning this matter	r, please call:			
ISEALY GAVEN	!		386	366 - 0125
(Name of Person)		_ at (rea Code & Dav	rtime Telephone Number)
	EIMAGELLY FOR BOY OMOJO concerning this matter SELLY GMEA	City/State an concerning this matter to the poondence concerning this matter to the provided and	(Name of Person) KAL Y, LLC (Firm/Company) 10 Box 1162 (Address) OMONO BEACH, Fi (City/State and Zip Cod	(Name of Person) KIL Y, LLC (Firm/Company) 10 Box 1162 (Address) OMOJO BEACH, FL 32175 (City/State and Zip Code) at (386)

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

. The name o	f a limited liabil K.A	ity company is .L. Y, UC						
The Articles	s of Organization	n were filed on	8 (26 /	2005	and as	signed		
document n	umber	20 - 33 7 86 22	2					
Note: If the	date inserted in the	he dissolution if not ef date cannot be prior to or n his block does not meet t tive date on the Departme	he applicable stati	itory filing re	: (//s) locument equireme	is received	for filing) date will no	4 ot be
A description 605.0707, Fl	on of occurrence orida Statutes, (that resulted in the lin copy 605.0707 on back	nited liability co k cover letter).	mpany's dis	ssolution	n pursuai	nt to section	on
<u></u>								
If there are a		er the name and addres	ss of the person	appointed t	o wind	up the co	ompany's	
						CCRID	MILL IN	:
Signature of	an authorized p	person or if there are no	o members, the s	ignature of	the pers	son appo	inted and	
	,	npany's activities and a	affairs:	./		~		
Karth	yw.			K/MA	MLY	GRAU.	£/(

FILING FEE: \$25.00