

LS0000113703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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LS-113703  
OK



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2006

CAROL KOHN  
106 GLENBROOK CT  
ATLANTIS, FL 33462

SUBJECT: KOHN GROUP WEST LLC  
Ref. Number: L05000113703

We have received your document for KOHN GROUP WEST LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 506A00013653

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2006

CAROL KOHN  
106 GLENBROOK CT  
ATLANTIS, FL 33462

SUBJECT: KOHN GROUP WEST LLC  
Ref. Number: L05000113703

We have received your document for KOHN GROUP WEST LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return 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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 906A00017151

SECRETARY OF STATE  
TALLAHASSEE, FL 32311

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kohn Group West LLC  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CAROL Kohn

(Contact Person)

(Firm/Company)

106 Glenbrook Ct

(Address)

ATLANTIS FL 33462

(City, State and Zip Code)

For further information concerning this matter, please call:

CAROL Kohn

(Name of Contact Person)

at (561) 969-7970

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee  
☐ \$61.25 Filing Fee and Certificate of Status  
☐ \$105.00 Filing Fee and Certified Copy  
☐ \$113.75 Filing Fee Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

1. The name of a limited liability company is

Kohn Group West LLC

2. The Articles of Organization were filed on 11/28/05 and assigned document number

05-113703

3. The date the dissolution was approved: 2-1-05

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

The business was never opened

**5. CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to section 608.441.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**7. CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Carol Kohn  
Marvin Kohn

CAROL Kohn  
MARVIN Kohn

**RECEIVED**

MAR 09 2006

LICENSURE SERVICES  
UNIT

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA