# 20600017233

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

K.SALY EXAMINER NOV 192015

## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

Kim & Hal Hessler 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:

Kimberly C. Hessler  (Name of Person)				
(Firm/Company)				
186 Windsong Way				
(Address)				
Titusville, FL 32780				
(City/State and Zin Code)				

For further information concerning this matter, please call:

Kimberly Hessler

\_,,321

223-7265

(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

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1.	The name of a limited liabilit Kim & Hal Hessler LLC	y company is		2015 NOV 16			
2.	The Articles of Organization	were filed on Februa	ry 8, 2006	TALLAHASSEE  and assigned	or STATE of ELORIC		
	document number L06000017	7233					
3.	The delayed effective date the (effective date)  Note: If the date inserted in the listed as the document's effective date.	late cannot be prior to or n is block does not meet t	nore than 90 days later than d he applicable statutory fili	ate document is received t	or filing) te will not		
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).						
	Decision of both MGRMs due to	o reduced activity in rea	l estate.		<del></del>		
	· · · · · ·				<del></del>		
5.	If there are no members, enter activities and affairs:	r the name and addre	ss of the person appoint	ed to wind up the cor	npany`s		
			· · · · · · · · · · · · · · · · · · ·				
6. lis	Signature of an authorized peted above to wind up the comp	erson or if there are no pany's activities and a	o members, the signature affairs:	e of the person appoir	nted and		
K,	imberly C. Hese	elen	Kimberly C. Hessler		4-t		
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FILING FEE: \$25.00