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K. SALY EXAMINER

FEB -1 ---

COVER LETTER

TO:

Registration Section Division of Corporations

KB ENTERPRISES LLC

SUBJECT:

(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:

KYLE BURFORD					
(Name of Person)					
(Firm/Company)					
5607 MAXIE STREET					
(Address)					
HOUSTON, TEXAS 77007					
(City/State and Zip Code)					

For further information concerning this matter, please call:

KYLE BURFORD

∵281 ∖3

(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

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JAN 20	
TALLAHASSEE, F	^H 6: 06
<u></u>	LORID

1.	The name of a limited liabili KB ENTERPRISES LLC	ty company is	· · · · · · · · · · · · · · · · · · ·	TALLAH4SSEE		
2.	The Articles of Organization	were filed on $\frac{4/14/26}{1}$	006	_ and assigned		
	document numberL0600003	9410				
3.	Note: If the date inserted in th	e date the dissolution if not effective on the date of filing: 1/31/2015 effective date cannot be prior to or more than 90 days later than date document is received for filing) rted in this block does not meet the applicable statutory filing requirements, this date will not b t's effective date on the Department of State's records.				
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the lir	nited liability company's d k cover letter).	issolution pursuant to section		
	Sole member has agreed volunt	arily to dissolution of th	e LLC.			
5.	If there are no members, enter activities and affairs:	er the name and addre	ess of the person appointed	to wind up the company's		
6. Iis	Signature of an authorized poted above to wind up the com	erson or if there are n pany's activities and	o members, the signature o affairs:	f the person appointed and		
/	1h M		KYLE BURFORD			
Signature		Printed Name				

FILING FEE: \$25.00