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(Requestor	s Name)				
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COVER LETTER

Division of Corporations						
	ESIGN, LLC					
SUBJECT:(Name of Lir	nited Liability Company)					
The enclosed Articles of Dissolution and fee(s) are subr	nitted for filing.					
Please return all correspondence concerning this matter	to the following:					
SHARON DI	AZGRANADOS					
(?	Name of Person)					
FRIED LAV	V, P.A.					
(Firm/Company)						
1110 BRICKEL	L AVENUE, SUITE 310					
	(Address)					
BALAN	MI, FL 33131					
(City/	State and Zip Code)					
For further information concerning this matter, please co	all:					
SHARON DIAZGRANADOS	305 371-7079					
(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:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations The Centre of Tallahassee					
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810						
Tallahassee, FL 32314 2415 N. Molifide Street, Suite 810						

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili	ty company is	KROGEN DESIGN, LLC			
			KROGEN DESIGN, LLC			_·
2.	The Articles of Organization	were filed on	09/15/2006	and assigned		
	document number L0600009	0843				
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effect	iis block does not i	neet the applicable statutory	filing: N/A n date document is receive filing requirements, this	ed for filings date will	g) I not be
	A description of occurrence 605.0707, Florida Statutes, (c	opy 605.0707 or	ne limited liability compan a back cover letter).	y's dissolution pursua	int to see	
•	NO LONGER CONDUCTING	BUSINESS			AHA	7 1
1	NO LONGER CONDUCTING	BUSINESS			SSEE	3
					FL	K 03
5.	If there are no members, enter activities and affairs:	er the name and a		inted to wind up the c	ompany'	 `s
		MATTHEW D. I	FRIED		- 	
		1110 BRICKEL	L AVENUE, SUITE 310,	MIAMI, FL 33131		_
6. ab	Signature of an authorized poove to wind up the company's	erson or if there a s activities and a	are no members, the signat	ure of the person app	ointed ar	— nd listed
	Massil	,	MATTHEW FRIE			
Signature		P	Printed Name			

FILING FEE: \$25.00