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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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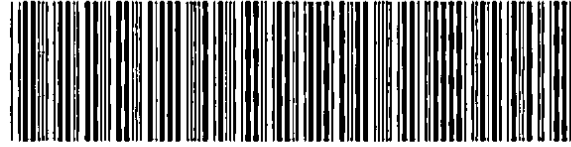
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

: Registration Section
Division of Corporations

SUBJECT: K. WALKER & ASSOCIATES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEVIN O'DONNELL

Name of Person

GRAVIS LAW, PLLC

Firm/Company

11 WISCONSIN AVE, SUITE 101

Address

WHITEFISH, MT 59937

City/State and Zip Code

DODONNELL@GRAVISLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEVIN O'DONNELL

Name of Person

at (406) 523-5562

Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

RST: The name of the limited liability company is: K. WALKER & ASSOCIATES, LLC

COND: The Florida Document number of the limited liability company is: L06000114665

IRD: The date of filing of the initial articles of organization is: 11/30/2006

DURTH: The date of filing of the dissolution is: 06/24/2024

FTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

DocuSigned by:

Kara Fajkus
44B15B73FF3C413

Signature of Authorized Representative

KARA FAJKUS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FL