

208000017466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

208-17466

A. LUNT

JUL 10 2009

EXAMINER

Office Use Only



600145613146

03/16/09--01010--003 **25.00

FILED
2009 JUL -9 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2009

LAYNE K. KNIGHT
1108 SOARING OSPREY WAY
VALRICO, FL 33594

SUBJECT: KNIGHT'S INFLATABLES LLC
Ref. Number: L08000017466

We have received your document for KNIGHT'S INFLATABLES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 309A00009252

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Knights Inflatables

(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:

Layne K Knight

(Name of Person)

Knights Inflatables

(Firm/Company)

1108 Soaring Osprey Way

(Address)

Valrico, FL 33594

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL -9 PM 3:00

FILED

For further information concerning this matter, please call:

Layne Knight

(Name of Person)

at (813) 3639075

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

1. The name of a limited liability company is

Knights Inflatables

2. The Articles of Organization were filed on Feb 18, 2008 and assigned document number _____

3. The date the dissolution was approved: Jan 18, 2009

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).

Out of business.

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 s. 608.4421.

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

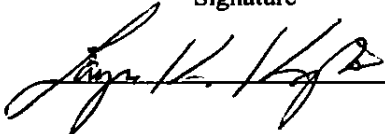
7. CHECK ONE:

- ☒ 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



Layne K Knight

FILING FEE: \$25.00

FILED
2008 JUL -9 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA