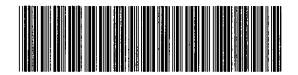
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SECRETARY OF STATE
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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	CCT: KC ARTWORK, LLC		
	(Name of Limited	Liability Company)	
The en	closed Articles of Dissolution and fee(s) are submitte	d for filing.	
Please	return all correspondence concerning this matter to the	e following:	
	Kathleen Comerford	- CD	<u>.</u>
	(Name	of Person)	
	KC ARTWORK, LLC		
	(Firm)	(Company)	SECT
	411 Lychee Road		AHA UL 2
	(A	ddress)	SECRETARY I
	Nokomis, FL 34275		AM IO: 50 OF STATE EE. FLORID
	(City/State	and Zip Code)	ORICE ORICE
For fu	rther information concerning this matter, please call:		170-
	Kathleen Comerford	at 941 918-448	9
	(Name of Person)	(Area Code & Daytime Telep	ohone Number)
Enclos	ed is a check for the following amount:		
	00 Filing Fee 30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	\$60.00 Filing Fee, entificate of Status & entified Copy dditional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	tions ter Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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