# L08 0000 30956

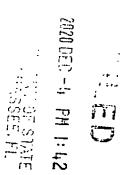
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/04/20--01021--014 \*\*25.00



JAir 2 , Licki

### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: KMN USA LLC				
	ed Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submit	ted for filing.			
Please return all correspondence concerning this matter to	the following:			
CAROLYN C KAHL	ne of Person)			
(Nan	ne of Person)			
ROÇA GONZALEZ P.A.				
	n/Company)			
3370 MARY ST				
(	Address)			
MIAMI, FL 33133				
	te and Zip Code)			
For further information concerning this matter, please call:				
CAROLYN C KAHL	at (305 ) 8596050			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
	☐ \$55.00 Filing Fee, Certificate of Dissolution &			
\$25.00 Filing Fee and Certificate of Dissolution	Certified Copy (additional copy is enclosed)			
•• ••	0			
Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	pility company is			·
2. The Articles of Organizat	ion were filed on $\frac{03/26}{}$	5/2008	and assigned	
document number L08000	0030956			
3. The delayed effective date (effection Note: If the date inserted is listed as the document's effective date.	ive date cannot be prior to o n this block does not mee	r more than 90 days later than at the applicable statutory fil	date document is received	I for tilling) date will not be
4. A description of occurren 605.0707, Florida Statutes	ce that resulted in the l	imited liability company'	's dissolution pursua	nt to section
UNANIMOUS WRITTEN O	` • •			
UNANIMOUS WRITTEN C	CONSENT OF THE MEM	MBERS		
UNANIMOUS WRITTEN C	ONSENT OF THE MEM	4BERS		202
			<u>.</u> .	0.250
5. If there are no members, of activities and affairs:	enter the name and add	•	ted to wind up the co	ompany's
	C/O ROCA GONZ/	ALEZ P.A.	E	
	3370 MARY STRE	ET, MIAMI FL 33133		·
6. Signature of an authorized above to wind up the comparation	d person or if there are ny's activities and affai	no members, the signaturies:	re of the person appo	inted and listed
Produce.	<i>f</i> ~	MASSIMILIANO N	/ERI	
Signature	<del></del>	Pri	inted Name	<del></del>

FILING FEE: \$25.00

### Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	
Document number of Limited Liability Company is: L08000030956	
Date of dissolution was: 12/02/2020	
Description of information that must be included in a written claim:	
1) NAME AND ADDRESS OF THE PERSON OR ENTITY MAKING THE CLAIM	
2) DESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RISE TO THE CLAIM	
3) STATEMENT OF THE AMOUNT OF THE CLAIM	
4) ANY OTHER INFORMATION RELEVANT TO THE CLAIM	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
MASSIMILIANO NERI	
C/O ROCA GONZALEZ P.A.	
3370 MARY STREET	
MIAMI FL 33133	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

A claim against the above named limited liability company will be barred unless a proceeding to enforce the

claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

MASSIMILIANO NERI