

LO800000 91633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

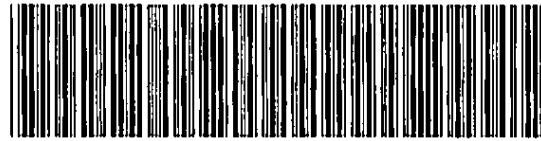
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/10/19--01021--013 **25.00

SECRETARY OF STATE
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2019 APR 10 PM 2:23

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AND
FILED

T.G.
04/17/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Conner and Killian LLC
(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:

Sharon Gincauskas
(Name of Person)

(Firm/Company)

527 Deer Point Circle
(Address)

Gulf Breeze FL 32561
(City/State and Zip Code)

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RECEIVED
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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AND
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For further information concerning this matter, please call:

Sharon Gincauskas at (850) 932-8152
(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:
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

Conner and Killian LLC

2. The Articles of Organization were filed on 09/25/2008 and assigned

document number L08000091633

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

All property owned by company has
been sold. No longer in business

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Sharon Gincauskas

527 Deer Point Circle

Gulf Breeze FL 32561

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Sharon M. Gincauskas
Signature

Sharon M Gincauskas
Printed Name

FILING FEE: \$25.00

APPROVED
AND
FILED

2019 APR 10 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA