

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

MAR 18 2011

EXAMINER



000197661870

03/17/11--01008--012 **25.00

11 MAR I 7 AM ID: 31
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KOKU NTCVNational 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:
Rita Alexander (Name of Person)
Koku International LLC (Firm/Company)
1100 Delaney Ave, Apt C23
Orlando, FL 32806 (City/State and Zip Code)
(City/State and Exp Code)
For further information concerning this matter, please call:
Rita Alexander at (321) 274 3452 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee &

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

numbe
on
<u> </u>
ed. 421. spective
olution:
1
П
Ö
r