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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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**EXAMINER** 



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SECRETARY OF STATE

OIVISION OF CORPORATION

## **COVER LETTER**

Division of Corporations
SUBJECT: KP On The Line, 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:
Kim Powers
(Name of Person)
KP On The Line, LLC
(Firm/Company)
916 Mimosa Drive
(Address)
Chuluota Florida 32766
(City/State and Zip Code)
For further information concerning this matter, please call:
Kim Powers <sub>at (</sub> 407 ) 488-0263
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

(additional copy is enclosed)

## **MAILING ADDRESS:**

TO:

Registration Section

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



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liability company have been paid or discharged.
liability company have been paid or discharged.
liability company have been paid or discharged.
obligations and liabilities pursuant to s. 608.4421.
nong its members in accordance with their respective
any court.
ction of any judgment, order or decree which may b
ership interests necessary to approve the dissolution
Printed Name
Kim Powers
Lyn Powers
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