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SECRETARY OF STATE

WAP 5/20/15

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

KW Technology and Distribution, 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:

Patrick H. Neale, Esq.

(Name of Person)

Patrick Neale & Associates

(Firm/Company)

P.O. Box 9440

(Address)

Naples, Florida 34101

(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick Neale

, 239

542-1485

(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

	ne of a limited liab chnology and Distrib	, ,	s		
2. The Art	icles of Organizat	ion were filed o	n	and assigne	d
docume	ent number L09000	0009109			
Note:	If the date inserted in	this block does:	if not effective on the date rior to or more than 90 days later not meet the applicable statutor Department of State's records	ry filing requirements, tl	g ived for filing) nis date will not b
605.070	7, Florida Statutes	, (copy 605.070	in the limited liability comp 7 on back cover letter). KW Technology and Distribut		suant to section
	are no members, e	nter the name a	nd address of the person ap	pointed to wind up the	e company's
		P.O. Box 9440			
		Naples, Flor	ida 34101		
6. Signatu Iisted abov	re of an authorized to wind up the c	l person or if the	ere are no members, the signities and affairs:	nature of the person a	ppointed and
					35 (15)
			Patrick H. Neal	:	
	Signature			Printed Name	AR SSI
			FILING FEE: \$25.00		Y OF STATE EE. FLORIO