

2090000 73 783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

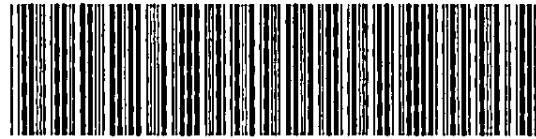
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700323890287

01/30/19--01019--025 \*\*25.00

FILED  
2019 JAN 30 PM 3:15  
SHERIFF'S OFFICE  
TALLAHASSEE FLORIDA

D. BRUCE  
FEB 07 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **K.K. KAT, 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:

**Jill Patterson**

(Name of Person)

(Firm/Company)

**P.O. Box 372289**

(Address)

**Key Largo, FL 33037**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Jill Patterson**

(Name of Person)

at ( )

(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

FILED  
2019 JAN 30 PM 3:16  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

K.K. KAT, LLC

2. The Articles of Organization were filed on July 31, 2009 and assigned

document number L09000073783

3. The delayed effective date the dissolution if not effective on the date of filing: Feb 15, 2019  
(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).

Voluntary Dissolution

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

Jill Patterson

P.O. Box 372289

Key Largo, FL 33037

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:



Signature

Jill Patterson

Printed Name

**FILING FEE: \$25.00**

FILED  
2019 JAN 30 PM 2:16  
STATE OF FLORIDA  
TALLAHASSEE