

W91000121908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

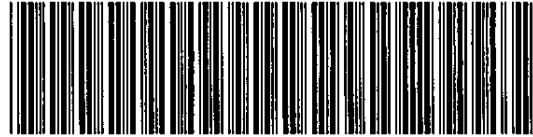
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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MAR 24 2015

R. WHITE

15 MAR -5 PM 1:54
FILING OFFICE
BIRMINGHAM, ALABAMA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kibranphany 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:

Robert M Coon
(Name of Person)

Kibranphany LLC
(Firm/Company)

5465 SW SR 247
(Address)

Lake City, FL 32024
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M Coon at (386) 365-3494
(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

FILED

15 MAR -5 PM 1:54

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Kibranphany LLC

2. The Articles of Organization were filed on 24 Dec '09 and assigned

document number L09000121908

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)

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).

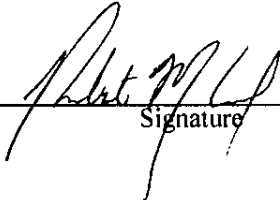
Sold business

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

5465 SW SR 247

Lake City, FL 32024

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

Robert M Coon
Printed Name

FILING FEE: \$25.00