

L100000 54549

(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



200329931702

05/30/19 --01007--000 *\$30.00

FILED

19 MAY 30 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJK 21st Street, 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:

Kevin F. Kline

(Name of Person)

Kline, Moore & Kline, P.A.

(Firm/Company)

10152 S.W. 77th Court

(Address)

Miami, Florida 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin F. Kline

(Name of Person)

at (305) 793-8009

(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**

1. The name of a limited liability company is

AJK 21st Street, LLC

2. The Articles of Organization were filed on May 20, 2010 and assigned

document number L10000054549

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)

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.

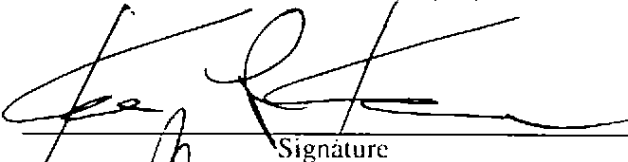
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

PROPERTY OWNERSHIP TRANSFERRED

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

FILED
19 MAY 30 PM 4:12
SECOND FLORIDA
TALLAHASSEE, FLORIDA

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

FILING FEE: \$25.00

Kevin F. Kling
Printed Name
Manager / member
Lawrence S. Kling
Manager / member

Robert L. Kling

Robert L. Kling
Manager / member

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ATX 21st Street LLC

Document number of Limited Liability Company is: L 10000054549

Date of dissolution was: _____

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Kevin F Kline
10152 SW 77th Court
Miami, Florida 33156

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Kevin F Kline

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing