# L10000012644

(Re	equestor's Name)	
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		



300269027313

02/05/15--01015--017 \*\*25.00



### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: KGS Holding 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:			
Kris Swinford (Name of Person)			
DBA. Quizons Sub. (Firm/Company)			
5810 Lexington Dr.			
Parrish, FL. 34219 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Kris Swin Ford at (941) 228-4261 (Name of Person) (Area Code & Daytime Telephone Number)			
(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 2015 FEB -5 AM 10: 31

1. The name of a limited liability con	• •	SECKETARY OF STATE TALLAHASSEE, FLORIDA
2. The Articles of Organization were	e filed on 7/9/10	and assigned
document number <u>L100</u>	0072644	
3. The delayed effective date the dis (effective date ca	solution if not effective on the date unnot be prior to or more than 90 days later t	of filing:han date document is received for filing)
4. A description of occurrence that re 605.0707, Florida Statutes, (copy of Lack of revenue		any's dissolution pursuant to section
CHER OF TEVENUE	<del>.</del>	
5. If there are no members, enter the activities and affairs:	name and address of the person app	pointed to wind up the company's
6. Signature of an authorized person listed above to wind up the company	or if there are no members, the sign 's activities and affairs:	nature of the person appointed and
Lus Sumberc Signature	Q Kris	Swinford Printed Name

**FILING FEE: \$25.00**