

L10000086794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

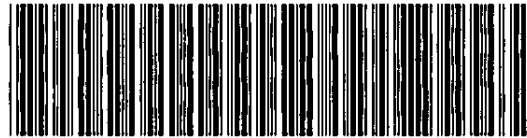
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 20 2014

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KP Opportunities, 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:

Jeffrey Kronengold

(Name of Person)

KP Orlando, LLC

(Firm/Company)

811 Coral Ridge Dr

(Address)

Coral Springs, FL 33071

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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For further information concerning this matter, please call:

Jeffrey Kronengold

(Name of Person)

at (

954

(Area Code & Daytime Telephone Number)

324-1711

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  
KP Opportunities, LLC
2. The Articles of Organization were filed on 08/18/2010 and assigned  
document number L10000086794
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).  
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: Jeffrey Kronengold  
811 Coral Ridge Dr.  
Coral Springs, FL 33071  
\_\_\_\_\_
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

Jeffrey Kronengold, KP Orlando, LLC  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
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