

L 10000093664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

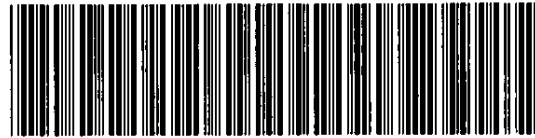
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
2016 DEC 28 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/28/16--01005--005 **55.00

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SUFFICIENT FOR FILING

K. SALY

DEC 29 2016

**CORPORATE
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WALK IN

PICK UP: 12/28

- ☒ CERTIFIED COPY _____
☐ PHOTOCOPY _____
☐ CUS _____
☒ FILING cancellation

1. KA TRS, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KA TRS, 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:

Jessica French

(Name of Person)

Kayne Anderson Real Estate Advisors

(Firm/Company)

One Town Center Road, STE 300

(Address)

Boca Raton, FL 33486

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica French at (561) 300-6255

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$35.00 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
2016 DEC 28 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
KA TRS, LLC

2. The Articles of Organization were filed on September 7th, 2010 and assigned

document number L10000093664

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).

The entity is no longer conducting business in the state of Florida.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Meegan T. Motisi, authorized person

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:

Meegan T. Motisi
Signature

Meegan T. Motisi, Authorized Person
Printed Name

FILING FEE: \$25.00