

216 000 106481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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15 APR -9 AM 10:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Stevers APR 22 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KMK ASSOCIATES, 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:

PRITHI DASWANI

(Name of Person)

PRITHI DASWANI CPA PL

(Firm/Company)

6735 CONROY WINDERMERE RD, SUITE 315

(Address)

ORLANDO, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

PRITHI DASWANI

(Name of Person)

407

218 - 5921

at ()

(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
KMK ASSOCIATES LLC
2. The Articles of Organization were filed on 10/12/2010 and assigned
document number L10000106451
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).
MEMBERS RESOLUTION

5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs: KAVITHA RANGASWAMY
7355 COLBURY AVE
WINDERMERE, FL 34786

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:

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15 APR - 9 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. Kaur

Signature

KAVITHA RANGASWAMY

Printed Name

FILING FEE: \$25.00