# 110000108377

(Re	equestor's Name)	)
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(Do	ocument Number	) .
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
		į

Office Use Only



100216102401

01/09/12--01023--013 \*\*30.00

12 JAN 24 PH \$ 25

D. BRUCE

JAN 25 2012

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2012

LYNNE YANKUS PO BOX 2190 MINNEOLA, FL 34755

SUBJECT: KOESCO, LLC Ref. Number: L10000108377 FILED

12 JAN 24 PM \$ 25

We have received your document for KOESCO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 312A00000989 ...

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: KOESCO 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:	
Lynne Yankus (Name of Person)	
一直では、「「「」」(「」)」(「」)」(「」)(「」)(「」)(「」)(「」)(「」)(	72
C C C C C C C C C C C C C C C C C C C	JAN 24
	24 F
POBOX 2196  (Address)  (Address)  (Address)  (Address)	
(Address)	92 U 20
PO Box 2196  (Address)  Hinneola FL 34765  (City/State and Zip Code)	മ
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (407), 488 9903 (Area Code & Daytime Telephone Number)	<u> </u>
(case see see see see see see see see see	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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
KOESCO LLC
2. The Articles of Organization were filed on October 18, 2010 and assigned document number L 1000108377
3. The date the dissolution was approved: December 1, 2011.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).
We (Norman à Lynne Yankus) décide à this LLC
was not needed.
5. CHECK ONE:
All debts, obligations and liabilities of the limited liability company have been paid of discharged.  OR-  Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.</li></ol>
7. CHECK ONE:
There are no suits pending against the company in any court.
OR- Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:
Signature Printed Name
Lynne Yankus Lynne Yankus
Hornan Yankus Norman Yankus

FILING FEE: \$25.00