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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kystle Enterprises (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:
Krystle Hively Common (Name of Person)
Knistle Enterprises DBA Handels Homemanning Teecream & 400000000000000000000000000000000000
3440 Renaissance Blud.
Bonita Springs, FL 34134 (City/State and Zip Ode)
For further information concerning this matter, please call:
(Name of Person) at (330) 502-1266 (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	
	Krystle Enterprises	
2.	The Articles of Organization were filed on and assigned	
	document number $\frac{L10000118993}{}$	
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.	ne
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).	ı
	Moved out of state a chose	
	different career path	
5	If there are no members, enter the name and address of the person appointed to wind up the companies activities and affairs: POROV (80)	FILE
	Canfield OH 4440	
	5. Signature of an authorized person or if there are no members, the signature of the person appointed and	
- 6 1	5. Signature of an authorized person of it diere are no memoers, the signature of the person sprainting and affairs:	

FILING FEE: \$25.00

Drinted Name Common