

U1 000067201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

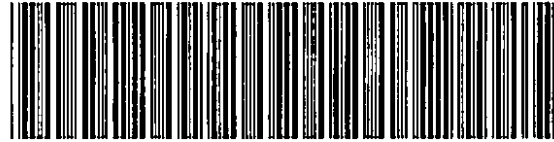
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations
The Kinsolving Firm, P.L.

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurence Kinsolving

Name of Person
The Kinsolving Firm, P.L.

Firm/Company
4332 Lafayette Street

Address
Marianna, FL 32446

City/State and Zip Code
lrfmt@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurence Kinsolving 407 415-6301

Name of Person at () _____
Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:
The Kinsolving Firm, P.L.

FIRST: The name of the limited liability company is: _____

SECOND: The Florida Document number of the limited liability company is: _____

L11000067201

THIRD: The date of filing of the initial articles of organization is: _____

June 8, 2011

FOURTH: The date of filing of the dissolution is: _____

April 9, 2023

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

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FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE, FLORIDA



Signature of Authorized Representative

Laurence E. Kinsolving

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)