

L12000017217

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LISETTE PIE SALAZAR PA
Account Number : I20120000076
Phone : (305) 361-6161
Fax Number : (305) 361-6168

LLC DISSOLUTION OR WITHDRAWAL
BTSI KB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

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T. HAMPTON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BTSI KB, LLC, A FLORIDA LIMITED LIABILITY COMPANY
(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:

LISETTE PIE SALAZAR, ESQUIRE

(Name of Person)

LISETTE P. SALAZAR, P.A.

(Firm/Company)

200 CRANDON BOULEVARD, SUITE 311

(Address)

KEY BISCAYNE, FLORIDA 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

LISETTE PIE SALAZAR

(Name of Person)

305

361-6161

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

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Fax:

Aug 4 2014 03:03pm P003

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
BTSI KB, LLC, A FLORIDA LIMITED LIABILITY COMPANY
2. The Articles of Organization were filed on 02/06/2012 and assigned
document number L12000017219
3. The delayed effective date the dissolution if not effective on the date of filing: 08/04/2014
(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).
SOLD ALL ASSETS OF THE COMPANY
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
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:


Signature

SIMON MUELLER
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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