

L12 0000 42192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

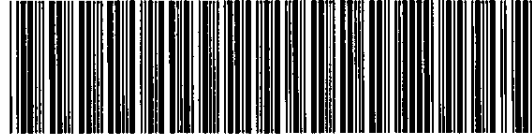
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/28/15--01025--023 \*\*25.00

15 JAN 28 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

↓ 611111 FEB 05 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KSC CAPITAL PARTNERS, 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:

JOEL CHAMBERLAIN

\_\_\_\_\_  
(Name of Person)

GUNNCHAMBERLAIN, P.L.

\_\_\_\_\_  
(Firm/Company)

4350 PABLO PROFESSIONAL COURT

\_\_\_\_\_  
(Address)

JACKSONVILLE, FL 32224

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOEL CHAMBERLAIN

\_\_\_\_\_  
(Name of Person)

at ( 904 ) 296-2024  
\_\_\_\_\_  
(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  
KSC CAPITAL PARTNERS, LLC
2. The Articles of Organization were filed on 03/26/2012 and assigned  
document number L12000042192
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).  
NO LONGER CONDUCTING BUSINESS
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: PHIL CURY  
9995 GATE PARKWAY NORTH, SUITE 400  
JACKSONVILLE, FL 32246
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

PHIL CURY

Printed Name

**FILING FEE: \$25.00**

15 JAN 28 AM 8:07  
OFFICE OF THE CLERK  
STATE OF FLORIDA