

4300012640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

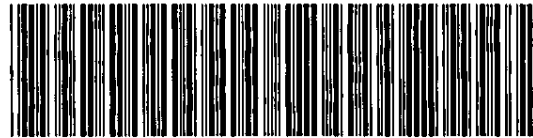
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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JUN 27 2014

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KB's Upholstery 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:

Kathy Hynes

(Name of Person)

(Firm/Company)

1433 Haverhill Dr

(Address)

New Port Richey, FL 34655

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Hynes

(Name of Person)

at

303

916-8530

(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

STATE OF FLORIDA
TALLAHASSEE

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

1. The name of a limited liability company is
KB's Upholstery LLC
2. The Articles of Organization were filed on January 22, 2013 and assigned
document number L13000012640
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).
Closed 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: Kathy Hynes

1433 Haverhill Dr

New Port Richey, FL 34655

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

Kathy Hynes

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA