

L13000047535



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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KIKA DATA, LLC

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:

Name of Person

Capitol Services – Corporate Filings Team

Firm/Company

206 E 9th St, Ste 1300

Address

Austin TX 78701

City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (800) 345-4647
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301**

MAILING ADDRESS:

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

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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is:

Kika Data, LLC

SECOND: The Florida Document number of the limited liability company is: L13000047535

THIRD: The date of filing of the initial articles of organization is: April 1, 2013

FOURTH: The date of filing of the dissolution is: April 29, 2014

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



Signature of Authorized Representative



Typed or printed name of signature

FILED
CLERK OF DISTRICT COURT
JANUARY 14 2015

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