

L13000067062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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2014 MAR 10 AM 10:24  
CLERK OF DISTRICT COURT  
TALLAHASSEE FLORIDA

MAR 11 2014

D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **LAKEN KYRA, 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:

**VICTOR AZRIA**

(Name of Person)

**LAKEN KYRA, LLC**

(Firm/Company)

**1000 5th St., Suite #200**

(Address)

**Miami Beach, FL 33139**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Yvette Flores**

(Name of Person)

at ( **213** ) **625-2510**

(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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STATE OF FLORIDA  
CLERK OF THE COURT

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

1. The name of a limited liability company is  
LAKEN KYRA, LLC
2. The Articles of Organization were filed on 5/7/2013 and assigned  
document number L13000067062
3. The delayed effective date the dissolution if not effective on the date of 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).  
DID NOT OPERATE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: VICTOR AZRIA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

Printed Name



VICTOR AZRIA

**FILING FEE: \$25.00**

**FILED**  
2014 MAR 10 AM 10:24  
CLERK OF DISTRICT COURT  
HALL COUNTY FLORIDA