

L17 0000 73611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

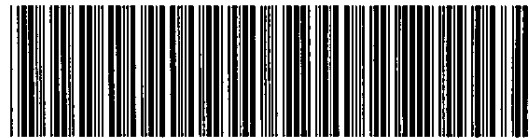
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
HALL-ASSIST. 1.0000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SJE KISH, 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:

TIMOTHY KISH
(Name of Person)

SJE KISH, LLC
(Firm/Company)

4750 WESTERLY DR.
(Address)

NEW PORT RICHEY, FL 34653
(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY KISH at (727) 505-2114
(Name of Person) (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)

*CHP
1076*

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

SJE KISH, LLC

2. The Articles of Organization were filed on MAY 20, 2013 and assigned

document number L13000073611

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 BUSINESS COMING IN. GOING TO
WORK FOR CONTRACTOR AS EMPLOYEE. LLC
IS NOT FEASIBLE FOR ME AT THIS TIME

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

THERE IS NO ONE TO TAKE OVER.
LLC, IS NULL AFTER DISSOLUTION
IS FILED.

TIMOTHY KISH
4750 WESTERLY DR.
NEW PORT RICHEY FL 34653

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

TIMOTHY KISH
Printed Name

FILING FEE: \$25.00

SECRETARY
TALLAHASSEE
DAVIDA

AUG - 4 PM 2:51

FILED