

L13 0000 93718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

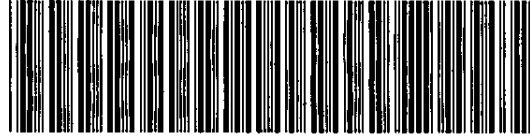
(Business Entity Name)

(Document Number)

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

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FILED

2015 JAN 13 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan JAN 23 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kara Endres 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:

Kara Endres

(Name of Person)

Kara Endres LLC

(Firm/Company)

5118 Harbinger Road

(Address)

Spring Hill, FL 34608

(City/State and Zip Code)

For further information concerning this matter, please call:

Kara Endres

(Name of Person)

954

at ( )

298-5274

(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**

**FILED**  
**2015 JAN 13 PM 1:45**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Kara Endres LLC

2. The Articles of Organization were filed on July 1, 2013 and assigned  
document number L13000093718

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).


I will operate as a sole proprietor instead of as an LLC.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

5118 Harbinger Road

Spring Hill, FL 34608

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

Kara Endres

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**