

L13000/10708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

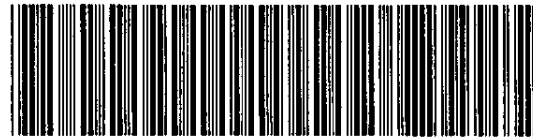
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2014 MAR - 3 PM 5: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR - 5 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kronos Network Solutions L.L.C.
(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:

Michael Richard

(Name of Person)

(Firm/Company)

624 Brookhaven Way

(Address)

Niceville / Florida 32578

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Richard

(Name of Person)

at (850) 499-6440

(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

2014 MAR -3 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Kronos Network Solutions

2. The Articles of Organization were filed on August, 2, 2013 and assigned
document number L13000110708

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).

Not enough revenue to cover costs. Lack of interest in the
Area.

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

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



Michael Richard

FILING FEE: \$25.00