# L13000118996

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



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T. BROWN

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

## Kukla Times Square 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:

# Michele P Kukla (Name of Person)

Michele Kukla PA

(Firm/Company)

107 Santander Drive

(Address)

Jupiter FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

## Michele Kukla

.561

707-4496

(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)

#### **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 lia                            | ability company is   |
|---|--|
| Kukla Times Squa  | are LLC  |
|   | ability company is  are LLC  Asign were filed on 8-52-13  and assigned 5-55-13   |
| 2. The Articles of Organiza                             | ation were filed on and assigned States  |
| document number L I                                     | 3000118994   |
| 3. The delayed effective da                             | ite the dissolution if not effective on the date of filing:  |
| 4. A description of occurre 605.0707, Florida Statute   | nce that resulted in the limited liability company's dissolution pursuant to section es, (copy 605.0707 on back cover letter). |
| We have set up a ne                                     | w LLC to include several rental properties and investments.  |
|   |  |
|   |  |
|   |  |
|   |  |
| 5. If there are no members,                             | enter the name and address of the person appointed to wind up the company's  |
| activities and affairs:                                 | Michele Kukla  |
|   | 107 Santander Drive  |
|   | Jupiter, FL 33458  |
|   |  |
| 6. Signature of an authorize above to wind up the compa | ed person or if there are no members, the signature of the person appointed and listed any's activities and affairs:           |
| Signature   | e Printed Name   |
| July  | Michele P. Kukla   |
|   |  |

FILING FEE: \$25.00