L13000158643

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
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09/09/15--01005--011 **25.00



COVER LETTER

	ration Section on of Corporations		
	he Kennelly Law Firm, PL		
SUBJECT: _	(Name of Limited	d Liability Company	y)
The enclosed A	rticles of Dissolution and fee(s) are submitte	d for filing.	
	l correspondence concerning this matter to the	_	
	Trent Kennelly		
	(Name	of Person)	
	The Kennelly Law Firm, PL		
	(Firm	/Company)	
	Rue Hippolyte Vervack 2		
	(A	ddress)	
	Forest, Brussels, Belgium 1190		
	(City/State	and Zip Code)	
For further info	rmation concerning this matter, please call:		
Tren	t Kennelly	+32	(0) 494 25 51 57
	(Name of Person)	at ((Area Coo	de & Daytime Telephone Number)
Enclosed is a che	ck for the following amount:		
\$25.00	Filing Fee and Certificate of Dissolution		Fee, Certificate of Dissolution & py (additional copy is enclosed)
	MAILING ADDRESS: Registration Section		EET/COURIER ADDRESS:
	Division of Corporations	Registration Section Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

FILED

2015 SEP -9 PM 2: 51

ARTICLES OF DISSOLUTION SALUKATION FOR A LIMITED LIABILITY COMPANYALL ARKSSEE, FLORIDA

1. The name of a limited liabilith The Kennelly Law Firm, PL	ty company is		
2. The Articles of Organization	were filed on Novem	nber 12, 2013	and assigned
document number L1300015	8643		
3. The delayed effective date the (effective Note: If the date inserted in the listed as the document's effective date in the listed as the document's effective date.	nis block does not meet t	the applicable statutory	f filing: N/A an date document is received for filing) filing requirements, this date will not be
4. A description of occurrence 605.0707, Florida Statutes, (copy 605.0707 on bac	k cover letter).	ny's dissolution pursuant to section
circumstances and passed along	g his business assets to a	nother party	
5. If there are no members, ent activities and affairs:	er the name and addre	ess of the person appo	pinted to wind up the company's
6. Signature of an authorized plisted above to wind up the con	person or if there are napany's activities and	o members, the signa affairs: Trent A. Kennelly	ature of the person appointed and
Signature	r		Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:						
Document number of Limited Liability Company is:						
Date of dissolution was: 919, 2015						
Description of information that must be included in a written claim:						
Owner and sole employee moved to another country due to extenuating						
circumstances and passed along his business assets to another party						
	2015					
	SEP -	T				
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	. 9	alle D				
Rue Hippolyte Vervack 2	PH 2:	'۔۔۔ا				
Forest, Brussels, Belgium 1190	1 <u>5</u>					
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	ie					
Trenton Alan Kennelly						
Printed Name of the Person Filing Signature of the Person Filing						

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00