

L14000009198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEC 23 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kmoon 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:

Melissa Moon, J.D.

(Name of Person)

(Firm/Company)

850 Village Center Dr., Unit 210

(Address)

Burr Ridge, IL 60527

(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Moon

(Name of Person)

331

201-6581

at (

) (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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Kmoon LLC
2. The Articles of Organization were filed on January 16, 2014 and assigned
document number L14000009198
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).
The LLC never conducted any business or acquired any assets of any kind.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Melissa Moon, J.D.
850 Village Center Dr., Unit 210
Burr Ridge, IL 60527

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:

Melissa Moon
Signature

Melissa Moon
Printed Name

FILING FEE: \$25.00

Registered Agent:

Kap Moon
Kap Moon

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