

L14 0000 12726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10/29/14--01000--014 **25.00

FILED
14 OCT 29 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SHAW OCT 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kendra Walls LLS
(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:

Steven Crosby
(Name of Person)

Kendra Walls LLC
(Firm/Company)

2010 Smitty Rd
(Address)

Weirsdale, FL 32195
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Crosby at (352) 575-4532
(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

Resend to corrections on 10/03/14

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

1. The name of a limited liability company is
Kendra Walls LLC
2. The Articles of Organization were filed on 10/9/2014 and assigned
document number H14000012726
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).
Misuse of Company Funds

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Steven Crosby
2010 Smitty Rd
Weirsdale, FL 32195

6. Signature of an authorized person or if there are no members, the signature of the person appointed as
listed above to wind up the company's activities and affairs:


Signature

Steven Crosby
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA
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