

214 0000 29484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. Shivers MAY 06 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KEYSTONE INVESTMENT HOLDINGS, 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:

PEDRO R. SALAZAR

(Name of Person)

KEYSTONE INVESTMENT HOLDINGS, LLC.

(Firm/Company)

10775 NW 83 TERRACE SUITE 4

(Address)

DORAL, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

PEDRO R. SALAZAR

(Name of Person)

at ( 786 398-8419 )

(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**

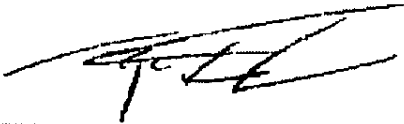
1. The name of a limited liability company is  
KEYSTONE INVESTMENT HOLDINGS, LLC.
2. The Articles of Organization were filed on 2/20/14 and assigned  
document number L14000029484
3. The delayed effective date the dissolution is not effective on the date of filing: \_\_\_\_\_  
(effective date cannot 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).

ALL MEMBERS VOLUNTARILY AGREED TO DISSOLVE THE LIMITED  
LIABILITY COMPANY

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

PEDRO R. SALAZAR

Printed Name

FILING FEE: \$25.00

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