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APR 2 2 2014

T. BROWN

COVER LETTER

	ation Section in of Corporations						
SUBJECT:	Articles of Dis	solution					
	(Name of Limited Liability Company)						
The enclosed Ar	ticles of Dissolution and fee(s) are submitted	for filing.					
Please return all	correspondence concerning this matter to the	following:					
	Hector L	-0PlZ					
Hector Lopez (Name of Person)							
	KH Prof	ng Services, LLC					
	2155 61) 07 0100 2						
	2155 SW 97 Avenue						
	(Address)						
	- Hami f	1 33165					
	(City/State a	and Zip Code)					
For further infor	mation concerning this matter, please call:						
	Hector Lopez (Name of Person)	at (786) 299-1923 (Area Code & Daytime Telephone Number)					
	((The seas a say mo receptions : Manuelly					
Enclosed is a chec	ck for the following amount:						
\(\subsection \)\$25.00 \(\text{2}\)	Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
	MAILING ADDRESS:	STREET/COURIER ADDRESS:					
	Registration Section	Registration Section					
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

				14 AP	D. ***
l.	. The name of a limited liability co	^: · <u> </u> ←		7.860a.	1 B Ass.
	KH BOU	ting Servi	ces, uc		R 18 AH IL
2.	2. The Articles of Organization wer)	117/2014	TALLAHAS and assigned	SEE FLORI
	document numberL140	00044229	3		
3.	3. The delayed effective date the discretive date of	ssolution if not effect annot be prior to or more	etive on the date of filing than 90 days later than date	g: document is received for	or filing)
4.	4. A description of occurrence that 605.0707, Florida Statutes, (copy	resulted in the limite 605.0707 on back c	ed liability company's dover letter).	issolution pursuant	to section
	the company	<u>nas not co</u>	mmenced b	usiness.	
5.	5. If there are no members, enter the	e name and address	of the person appointed	to wind up the con	npany's
	activities and affairs:				-
		/_			
	·· 				
6. lis	6. Signature of an authorized person isted above to wind up the company	n or if there are no my's activities and affa	nembers, the signature o	f the person appoin	ted and
	Hhip63		Hecro	ne lip	EŁ
	Tongura		Printec	Name	

FILING FEE: \$25.00