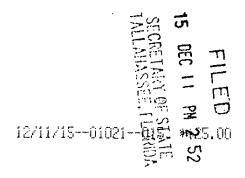
## 14000005

(Re	questor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	· #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
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Office Use Only



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DEC 14 2015 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Dissolution of KMP San Miguel, LLC		
DOCUMENT NUMBER: <u>L14000068965</u>		
The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
R. Kyle Bailey		
(Name of Contact Person)		
KMP San Miguel, LLC		
(Firm/Company)		
3225 S MacDill Ave, Ste #129-259		
(Address)		
Tampa, FL 33629		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
R. Kyle Bailey  (Name of Contact Person)  at (813) (Area Code)  (Daytime Telephone Number)		
(Name of Contact Person) (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□\$25 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  □\$55 Filing Fee & □\$60 Filing Fee, Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

## Notice of Limited Liability Company Dissolution

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: KMP San Miguel, LI	_C
Document numbe	r of Limited Liability Company is: L14000068	965
Date of dissolutio	n was: 12/03/2015	
Description of inf	formation that must be included in a written claim:	
Real Estat	e sold LLC redundant.	
		75 <b>5</b>
		<b>强界工</b>
		\$ = E
		温泉 呈口
Mailing address v	where claims can be sent: (Claims cannot be sent to the	Division of Corporations)
ŀ	KMP San Miguel, LLC	
3	3225 S MacDill Ave, Ste #129-2	59
_	Гатра, FL 33629	
	te above named limited liability company will be barren a years after the filing of this notice.	ed unless a proceeding to enforce the claim is
	41	
R. Kyle Ba		<u> </u>
	Printed Name of the Person Filing	Signature of the Person Filing