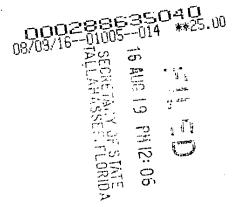
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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	re)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
SUBJECT: KMP Summer Oak LLC (Name of Limited Liability Company)				
(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:				
R. Kyle Bailey (Namo of Person)				
(Name of Person)				
KMP Summer Oak, LLC				
(Firm/Company)				
2225 S Nontry Aug de 120 000				
3225 S MacDill Ave, Ste 129-259				
Tana 20 11 22/100				
Tampa, FL 33629				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
R, Kyle Boyley at (813) 549-6/36 (Area Code & Daytime Telephone Number)				
(Name of Person) J (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: STREET/COURIER ADDRESS: Registration Section Registration Section				
Division of Corporations Division of Corporations				

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

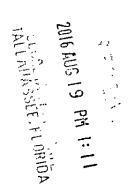


August 10, 2016

R KYLE BAILEY 3225 S MACDILL AVE, STE 129-259 TAMPA, FL 33629

SUBJECT: KMP SUMMER OAK, LLC

Ref. Number: L14000068971



We have received your document for KMP SUMMER OAK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 216A00016910

16 AUG 19 PH I2: 06
SEGRETARY OF STATE
TALL AHASSEF FROM

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is KMP Summer Oak LLC
2.	The Articles of Organization were filed on April 29, 2014 and assigned
	document number <u>L14000068971</u>
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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). Real Estate Sold LLC Redundant
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. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Signature Rolnted Name Residence Roll Roll Roll Roll Roll Roll Roll Rol
	FILING FEE: \$25.00 FILING FEE: \$25.00 FILING FEE: \$25.00 FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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 Summer Oak, LLC		
Document number of Limited Liability Company is: <u>L14000068971</u>		
Date of dissolution was: 8/1/2016		
Description of information that must be included in a written claim:		
Claims must be made in writing and include the claim amount, basisand origination date. The deadline for sul claims is December 31,2016.	_ mu'lh _ -	ng
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) KMP Summer Cak, LLC 3235 S MacDill Ave, Ste 200 Tampa, FL 33629	16 AUG 19 PH 12: 06	
A claim against the above named limited liability company will be barred unless a proceeding to enforce claim is commenced within 4 years after the filing of this notice.		

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Signature of the Person Filing