

L14 0000 84848

61

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

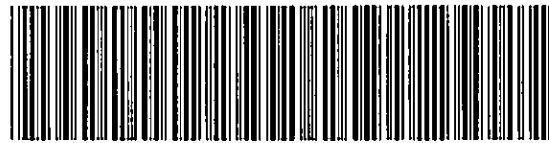
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SECRETARY OF STATE
TALLAHASSEE, FL

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2024 DEC 17 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIM M. SHARAN, 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:

JORDAN HEILMAN

(Name of Person)

QUARLES & BRADY LLP

(Firm/Company)

411 E. WISCONSIN AVE. SUITE 2400

(Address)

MILWAUKEE, WI 53202

(City/State and Zip Code)

For further information concerning this matter, please call:

JORDAN HEILMAN

(Name of Person)

414

277-3034

at ()

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

KIM M. SHARAN, LLC

2. The Articles of Organization were filed on May 27, 2014 and assigned

document number L14000084848

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2024
(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).

THE CONSENT OF SOLE MEMBER TO DISSOLUTION.

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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:

Signed by:

Kim M. Sharan

A95TADP94BYF433

Signature

Kim M. Sharan, Member

Printed Name

FILING FEE: \$25.00

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: KIM M. SHARAN, LLC

Document number of Limited Liability Company is: L14000084848

Date of dissolution was: DECEMBER 12, 2024

Description of information that must be included in a written claim:

THE LEGAL NAME OF THE CLAIMANT, CLAIMANT'S ADDRESS AND OTHER CONTACT INFORMATION,
THE NATURE OF THE CLAIM, THE DATE THE CLAIM OCCURED, AND THE AMOUNT OF THE CLAIM.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

590 15TH AVENUE SOUTH
NAPLES FL 34102

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

KIM M. SHARAN
Printed Name of the Person Filing

Signed by:
kim m. sharan
Signature of the Person Filing