L14000145650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ✓

Special Instructions to Filing Officer:

Office Use Only

700271089877

04/06/15--01046--013 **25.00

EFFECTIVE DATE
4-30-15

FILED
15 APR -6 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 22 2015
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KLW Customer Solutions 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:

Katrenia Williams
(Name of Person)

KLW Customer Solutions LLC
(Firm/Company)

6871 Hunters Crossing Blvd
(Address)

Lakeland, FL 33809
(City/State and Zip Code)

For further information concerning this matter, please call:

Katrenia Williams at (352) 682-0568
(Name of Person) (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

FILED
15 APR -6 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
KLW Customer Solutions LLC

2. The Articles of Organization were filed on September 17, 2014 and assigned document number L14000145650

EFFECTIVE DATE
4-30-15

3. The delayed effective date the dissolution if not effective on the date of filing: April 30, 2015
(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).
Consent of member

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Katrenia Williams

6871 Hunters Crossing Blvd

Lakeland, FL 33809

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

KATRENIA Williams
Printed Name

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: KLW Customer Solutions LLC

Document number of Limited Liability Company is: L1400045650

Date of dissolution was: April 30, 2015

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

Name and address of Company/Persons

Reason for claim

Amonut of claim

Invoice

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

6871 Hunters Crossing Blvd

Lakeland, FL 33809

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.

Katrenia Williams

Printed Name of the Person Filing

Signature of the Person Filing

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