114000 167682

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| V 22.2.2. 7 |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Ouringer Fath, No. 1) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| <u> </u> |

Office Use Only



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02/11/19--01014--029 **





February 15, 2019

KEVIN SCHOENSEE P.O. BOX 1646 FORT MYERS, FL 33902

SUBJECT: KJC FOOD GROUP LLC

Ref. Number: L14000167682

We have received your document for KJC FOOD GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit corporation, but your entity is a Limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Letter Number: 319A00003361

Rebekah White Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Registration Section

TO:

| Division of Corporations | | | | |
|---|---|--|--|--|
| SUBJECT: HJC FOOD GROUP 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: | | | | |
| | | | | |
| KEVIN SCHOENSEE | | | | |
| (Name of Person) | | | | |
| | | | | |
| KX FOOD GROUP UC | | | | |
| (Firm/Company) | | | | |
| P.O. Box 1646 | | | | |
| (Address) | | | | |
| F MUCRO F 329D2 | | | | |
| FT. MYERS FL 33902 (City/State and Zip Code) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| | | | | |
| KEVIN SCHOENSEE | _at(586_) 20)·2200 | | | |
| (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: | STREET/COURIER ADDRESS: | | | |
| Registration Section Registration Section | | | | |
| Division of Corporations Division of Corporations | | | | |
| P.O. Box 6327 Clifton Building | | | | |
| Tallahassee, FL 32314 2661 Executive Center Circle | | | | |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FIFD FOR A LIMITED LIABILITY COMPANY 2019 MAR - 4 PH 3: 20

| | | | 7 77 O. Z.U |
|---|--|---|----------------------------------|
| The name of a limited liabi | lity company is DGROLP LL | C SECRE TALLA | ii. s. z.iiTE |
| . The Articles of Organization | on were filed on $\frac{10 28}{}$ | 5/14 | _ and assigned |
| document number | 1000167682 | | |
| Note: If the date inserted in | the dissolution if not effect e date cannot be prior to or more this block does not meet the a ctive date on the Department o | than 90 days later than date applicable statutory filing | document is received for filing) |
| A description of occurrence 605.0707, Florida Statutes, | e that resulted in the limited (copy 605.0707 on back co | over letter). | issolution pursuant to secti |
| | | | |
| . If there are no members, er | nter the name and address o | of the person appointed | to wind up the company's |
| activities and affairs: | | | |
| | | | |
| | | | |
| Signature of an authorized sted above to wind up the co | person or if there are no many's activities and affa | embers, the signature o | f the person appointed and |
| Signature | <u> </u> | KEVIN SCH | DENSEE |
| | | | c |

FILING FEE: \$25.00