

L14000 196204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

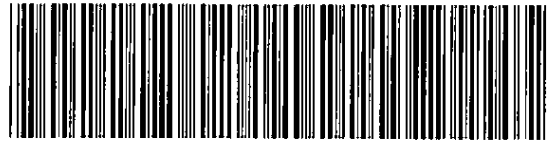
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

J. HORNE

AUG 20 2024

Office Use Only



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FILED  
2024 AUG 13 PM 2:58  
CLERK OF DISTRICT COURT  
JULIA A. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kemp Stucco, 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:

Edward Eady and Mary Eady

\_\_\_\_\_  
(Name of Person)

Kemp Stucco, LLC

\_\_\_\_\_  
(Firm/Company)

3114 ALT 19, Suite B

\_\_\_\_\_  
(Address)

Palm Harbor, Florida 34683

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Edward Eady

\_\_\_\_\_  
(Name of Person)

727

at (

422-4384

) \_\_\_\_\_  
(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**

FILED  
2024 AUG 13 PM 2:59  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Kemp Stucco, LLC

2. The Articles of Organization were filed on December 30, 2014 and assigned

document number L14000196204

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)

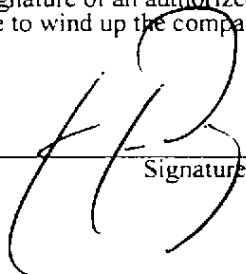
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Unanimous Consent of all Members

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:



Signature

Edward Eady

Printed Name

**FILING FEE: \$25.00**

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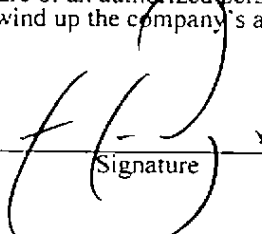
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2024 AUG 13 PM 3: 70

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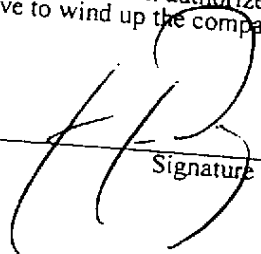
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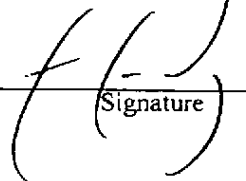
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