## 4000 96204

| (Requestor's Name)                      |
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| (Address)                               |
|                                         |
| (City/State/Zip/Phone #)                |
|                                         |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
| (Boddinent Humber)                      |
|                                         |
| Certified Copies Certificates of Status |
|                                         |
| Special Instructions to Filing Officer. |
|                                         |
| J. HORNE                                |
| o. HORINE                               |
| AUG 2 U 2024                            |
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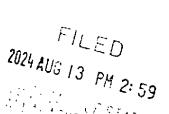
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## **COVER LETTER**

| Division of Corporations                                  |                                                                                                 |  |  |  |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|--|--|
| Kemp Stucco. LLC                                          |                                                                                                 |  |  |  |
| SUBJECT:(Name of Limited Liability Company)               |                                                                                                 |  |  |  |
| The enclosed Articles of Dissolution and fee(s) are submi | itted for filing.                                                                               |  |  |  |
| lease return all correspondence concerning this matter to | the following:                                                                                  |  |  |  |
| Edward Eady and Mary Eady                                 |                                                                                                 |  |  |  |
| (Na                                                       | me of Person)                                                                                   |  |  |  |
| Kemp Stucco, LLC                                          |                                                                                                 |  |  |  |
| (Fi                                                       | rm/Company)                                                                                     |  |  |  |
| 3114 ALT 19. Suite B                                      |                                                                                                 |  |  |  |
| 11.                                                       | (Address)                                                                                       |  |  |  |
| Palm Harbor, Florida 34683                                |                                                                                                 |  |  |  |
| (City/St                                                  | tate and Zip Code)                                                                              |  |  |  |
| or further information concerning this matter, please cal | H:                                                                                              |  |  |  |
| Edward Eady                                               | 727 422-4384                                                                                    |  |  |  |
| (Name of Person)                                          | at () (Area Code & Daytime Telephone Number)                                                    |  |  |  |
| inclosed 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 Address:                                                                                 |  |  |  |
| Registration Section Division of Corporations             | Registration Section Division of Corporations                                                   |  |  |  |
| P.O. Box 6327                                             | The Centre of Tallahassee                                                                       |  |  |  |
| Tallahassee. FL 32314                                     | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303                                       |  |  |  |

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



| 1.       | The name of a limited liability company is Kemp Stucco, LLC                                                                                                                                                               |                                         | Strain Stay                                                        |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| 2.       | The Articles of Organization were filed on December 30                                                                                                                                                                    | 0. 2014                                 | and assigned                                                       |
|          | document number L14000196204                                                                                                                                                                                              |                                         |                                                                    |
| 3.       | The delayed effective date the dissolution if not effective date cannot be prior to or more to Note: If the date inserted in this block does not meet the applisted as the document's effective date on the Department of | plicable statutory filing re            | ocument is received for filing) equirements, this date will not be |
| 4.       | A description of occurrence that resulted in the limited 605.0707. Florida Statutes, (copy 605.0707 on back cov                                                                                                           | liability company's dis-<br>er letter). | solution pursuant to section                                       |
|          | Unanimous Consent of all Members                                                                                                                                                                                          |                                         |                                                                    |
|          |                                                                                                                                                                                                                           |                                         |                                                                    |
|          | -                                                                                                                                                                                                                         | <del></del>                             |                                                                    |
|          |                                                                                                                                                                                                                           |                                         |                                                                    |
|          |                                                                                                                                                                                                                           |                                         |                                                                    |
| 5.       | If there are no members, enter the name and address of activities and affairs:                                                                                                                                            | the person appointed to                 | o wind up the company's                                            |
|          |                                                                                                                                                                                                                           |                                         |                                                                    |
|          |                                                                                                                                                                                                                           |                                         |                                                                    |
|          |                                                                                                                                                                                                                           |                                         |                                                                    |
|          |                                                                                                                                                                                                                           |                                         |                                                                    |
| 6.<br>ab | Signature of an authorized person or if there are no me pove to wind up the company's activities and affairs:                                                                                                             | mbers, the signature of                 | the person appointed and listed                                    |
|          |                                                                                                                                                                                                                           | Edward Eady                             |                                                                    |
|          | Signature                                                                                                                                                                                                                 | Printed                                 | Name                                                               |
|          | filing fe                                                                                                                                                                                                                 | E: \$25.00                              |                                                                    |

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



| 1.        | The name of a limited liability company is     Kemp Stucco, LLC                                                                                                                                                                                             | The state of the s |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.        | 2. The Articles of Organization were filed on December 30, 201-                                                                                                                                                                                             | and assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|           | document number L14000196204                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3.        | 3. The delayed effective date the dissolution if not effective on (effective date cannot be prior to or more than 90 Note: If the date inserted in this block does not meet the applicabilisted as the document's effective date on the Department of State | days later than date document is received for filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4,        | <ol> <li>A description of occurrence that resulted in the limited liabili<br/>605.0707, Florida Statutes, (copy 605.0707 on back cover let</li> </ol>                                                                                                       | ty company's dissolution pursuant to section ler).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|           | Unanimous Consent of all Members                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           | <del></del>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5.        | 5. If there are no members, enter the name and address of the pe                                                                                                                                                                                            | erson appointed to wind up the company's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|           | activities and affairs:                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           |                                                                                                                                                                                                                                                             | -1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|           | <del></del>                                                                                                                                                                                                                                                 | <del>-,</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|           | <del></del>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6.<br>abo | 5. Signature of an authorized person or if there are no members above to wind up the company's activities and affairs:                                                                                                                                      | , the signature of the person appointed and listed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|           | Edward                                                                                                                                                                                                                                                      | l Eady                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|           | Signature                                                                                                                                                                                                                                                   | Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|           | FILING PER SOS                                                                                                                                                                                                                                              | : an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

### **COVER LETTER**

| TO:     | Registration Section Division of Corporations                                                      |                                                                                                                                                |
|---------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJI   | Kemp Stucco, LLC                                                                                   |                                                                                                                                                |
|         | (Name of Limite                                                                                    | ed Liability Company)                                                                                                                          |
|         | closed Articles of Dissolution and fee(s) are submitt                                              | -                                                                                                                                              |
|         | Edward Eady and Mary Eady                                                                          |                                                                                                                                                |
|         | (Nan                                                                                               | e of Person)                                                                                                                                   |
|         | Kemp Stucco, LLC                                                                                   |                                                                                                                                                |
|         | (Firm                                                                                              | n/Company)                                                                                                                                     |
|         | 3114 ALT 19, Suite B                                                                               |                                                                                                                                                |
|         | (/                                                                                                 | Address)                                                                                                                                       |
|         | Palm Harbor, Florida 34683                                                                         |                                                                                                                                                |
|         | (City/Stat                                                                                         | e and Zip Code)                                                                                                                                |
| For fur | ther information concerning this matter, please call:                                              |                                                                                                                                                |
|         | Edward Eady                                                                                        | 727 422-4384<br>at ( )                                                                                                                         |
|         | (Name of Person)                                                                                   | (Area Code & Daytime Telephone Number)                                                                                                         |
| Enclose | d is a check for the following amount:                                                             |                                                                                                                                                |
| C       | □ \$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 FILED FOR 2011 AUG 13 PM 3: 70

| 1 The sec                                                                                                                                                                                                                                                                                                      | THE TY COMPANYAUG 13 D.                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol> <li>The name of a limited liability company is<br/>Kemp Stucco, LLC</li> </ol>                                                                                                                                                                                                                            | THE COMPANYAUG 13 PH 3: 70                                                                                                                                                                                                                                                               |
| 2. The Articles of Organization were filed on Dec                                                                                                                                                                                                                                                              | cember 30, 2014                                                                                                                                                                                                                                                                          |
| document number L14000196204                                                                                                                                                                                                                                                                                   | and assigned                                                                                                                                                                                                                                                                             |
| 3. The delayed effective date the dissolution if not (effective date cannot be prior to consider the date inserted in this block does not met listed as the document's effective date on the Depart 4. A description of occurrence that resulted in the list 605.0707, Florida Statutes, (copy 605.0707 on her | effective on the date of filing: or more than 90 days later than date document is received for filing) et the applicable statutory filing requirements, this date will not be trainent of State's records.  imited liability company's dissolution pursuant to section ck cover letter). |
| Unanimous Consent of all Members                                                                                                                                                                                                                                                                               | ck cover letter).                                                                                                                                                                                                                                                                        |
| 5. If there are no members, enter the name and addres activities and affairs:                                                                                                                                                                                                                                  | is of the person appointed to wind up the                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                | and up the company's                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                          |
| 6. Signature of an authorized person or if there are no make above to wind up the company's activities and affairs:                                                                                                                                                                                            | nembers, the signature of the person appointed and listed                                                                                                                                                                                                                                |
| Signature                                                                                                                                                                                                                                                                                                      | Edward Eady                                                                                                                                                                                                                                                                              |
| FILING FE                                                                                                                                                                                                                                                                                                      | Printed Name E: \$25.00                                                                                                                                                                                                                                                                  |

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 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 <u>L14000196204</u>                                                                                                                                                                                                                                                                                                                                                                    |
| ١.         | 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. |
| -          | 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                                                                                                                                                                                                                                                                                                                                                                       |
|            |                                                                                                                                                                                                                                                                                                                                                                                                        |
|            |                                                                                                                                                                                                                                                                                                                                                                                                        |
|            |                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>5</b> . | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:                                                                                                                                                                                                                                                                           |
|            |                                                                                                                                                                                                                                                                                                                                                                                                        |
|            |                                                                                                                                                                                                                                                                                                                                                                                                        |
|            |                                                                                                                                                                                                                                                                                                                                                                                                        |
|            |                                                                                                                                                                                                                                                                                                                                                                                                        |
| i.<br>b    | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:                                                                                                                                                                                                                                    |
|            | Edward Eady                                                                                                                                                                                                                                                                                                                                                                                            |
|            | Signature Printed Name                                                                                                                                                                                                                                                                                                                                                                                 |
|            | FILING FEE: \$25.00                                                                                                                                                                                                                                                                                                                                                                                    |