L1500003716

(Re	equestor's Name)			
- (Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
. (Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900274717979

07/20/15--01007--02S **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

Kingpin Ventures, 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:

John W Waechter (Name of Person) **Englander Fischer** (Firm/Company) 721 First Ave N (Address)

St Petersburg, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

John W Waechter

(Name of Person)

727 898-7210

(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Kingpin Ventures, LLC

FILED 2015 JUL 20 PM 1:53

SECRETARY OF STATE. JALLAHASSEE, FLORIDA
and assigned
ling: ate document is received for filing) ng requirements, this date will not be
s dissolution pursuant to section

2.	The Articles of Organization	were filed on January 7, 2015	and assigne	d
	document number L 1500000			
3.	(effective d Note: If the date inserted in this	e dissolution if not effective on that cannot be prior to or more than 90 dais block does not meet the applicable we date on the Department of State's	ays later than date document is rece statutory filing requirements, the	ived for filing) nis date will not
4.	A description of occurrence t 605.0707, Florida Statutes, (c Consent of all members	hat resulted in the limited liabilit opy 605.0707 on back cover lette	y company's dissolution purs r).	suant to section
5.	If there are no members, ente activities and affairs:	r the name and address of the per	son appointed to wind up the	e company's
				<u></u>
6. lis	Signature of an authorized pe ted above to wind up the comp	erson or if there are no members, pany's activities and affairs:	the signature of the person ap	ppointed and
J	ohn W. Wasett	John W.	Waechter	
1	Signature		Printed Name	

FILING FEE: \$25.00