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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|---|--|---|--|--|
| SUBJE | KelCon LLC | | | |
| (Name of Limited Liability Company) | | | | |
| The end | closed Articles of Dissolution and fee(s) are submit | ated for filing. | | |
| | return all correspondence concerning this matter to | - | | |
| | Kimberly Lutes | | | |
| | | | | |
| | (Name of Person) | | | |
| | Quarles & Brady LLP | | | |
| | (Firm/Company) | | | |
| | 33 E. Main Street, Suite 900 | | | |
| | (Address) Madison, WI 53703 | | | |
| | | | | |
| | (City/Sta | ate and Zip Code) | | |
| For fun | ther information concerning this matter, please call | ; | | |
| Kimberly Lutes | | 608 283-2621 at () | | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | | |
| Enclose | d 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 | Registration Section | | |
| Division of Corporations | | Division of Corporations | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| . The name of a limited liability company is KelCon LLC | |
|---|--|
| 2. The Articles of Organization were filed on | February 5, 2015 and assigned |
| document numberL15000022672 | |
| The delayed effective date the dissolution if (effective date cannot be price). Note: If the date inserted in this block does no listed as the document's effective date on the E | or to or more than 90 days later than date document is received for filing) of meet the applicable statutory filing requirements, this date will not be |
| A description of occurrence that resulted in 605.0707, Florida Statutes. (copy 605.0707). The consent of all the members to dissolution. | the limited liability company's dissolution pursuant to section on back cover letter). |
| The consent of all the members to dissolution. | |
| | |
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| | |
| 5. If there are no members, enter the name and activities and affairs: | I address of the person appointed to wind up the company's |
| | |
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| | · · · · · · · · · · · · · · · · · · · |
| Signature of an authorized person or if there above to wind up the company's activities and | e are no members, the signature of the person appointed and listed affairs: |
| Docusigned by: | Geralyn Cannon, Co-Trustee of The William M. Cannon Trust, Member |
| -8214843F20E14C8 Signature | Printed Name |
| F | ILING FEE: \$25.00 8 AM II: 09 |