

L15000039655

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : PAGIO'S & ASSOCIATES, LLC  
Account Number : I20100000043  
Phone : (305)397-8553  
Fax Number : (305)397-8521

LLC DISSOLUTION OR WITHDRAWAL  
KIHAAD LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
15 MAY -7 AM 10:00  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

FILED  
15 MAY -7 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KIHAAD 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:

BARBARA IACOVELLI

(Name of Person)

KIHAAD LLC

(Firm/Company)

395 CARMINE DR

(Address)

COCOA BEACH, FL 32931

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA IACOVELLI

(Name of Person)

at

786-671-9780

(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



May 7, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KIHAAD LLC  
395 CARMINE DRIVE  
COCOA BEACH, FL 32931

SUBJECT: KIHAAD LLC  
REF: L15000039655

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

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) 245-6051.

Tammy Hampton  
Regulatory Specialist III

FAX Aud. #: H15000110669  
Letter Number: 915A00009487

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BUREAU OF COMMERCIAL  
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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is KIHAAD LLC

2. The Articles of Organization were filed 03/04/2015 and assigned document number L15000039655

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). COMPANY NEVER STARTED BUSINESS.

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:

BARBARA IACOVELLI Printed Name

Barbara Iacovelli Signature Barbara Iacovelli (May 6, 2015)

FILED 15 MAY - 7 AM 9:53 SECRETARY OF STATE TALLAHASSEE FLORIDA

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### Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: KIHAAD LLC

Document number of Limited Liability Company is: L15000039655

Date of dissolution was: 05/05/2015

Description of information that must be included in a written claim:

Contact information and general description of claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

395 Carmine Drive Cocoa Beach, FL 32931

\_\_\_\_\_  
\_\_\_\_\_

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ALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

BARBARA IACOVELLI

Printed Name of the Person Filing

Barbara Iacovelli

Barbara Iacovelli (May 5, 2015)

Signature of the Person Filing