## L1566612561

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL							
(Address)  (City/State/Zip/Phone #)							
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(City/State/Zip/Phone #)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Continue Continue							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer							

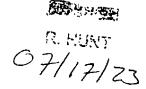
Office Use Only



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07/17/23--01020--018 \*\*25.00





## **COVER LETTER**

Registration Section Division of Corporations

TO:

	KNAD, LLC						
SUBJECT:	(Name of Limit	ed Liability Company)				-	
	Articles of Dissolution and fee(s) are submit	-					
	Robert Glennon						
	(Name of Person)						
	KNAD, LLC						
	(Firm/Company)						
	170 NE 2nd St., #1738						
	(Address)						
	Boca Raton, FL 33429						
(City/State and Zip Code)							
For further inf	ormation concerning this matter, please call			FL	7 PM 10: 09		
Rob	ert Glennon	410 at (	991-3669				
	(Name of Person)		& Daytime Teleph	ione Numbe	r)	_	
Enclosed is a ch	neck for the following amount:						
<b>n \$25</b> .0	0 Filing Fee and Certificate of Dissolution	□ \$55.00 Filing Fe Certified Copy	e, Certificate of Di (additional copy i				
	ing Address:	Street Address:	ution				
_	istration Section sion of Corporations	Registration Section Division of Corporations					
	Box 6327	The Centre of	•				
Talla	ahassee, FL 32314	2415 N. Monro Tallahassee, FI		2810			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability	y company is	· · · · · · · · · · · · · · · · · · ·			
2.	The Articles of Organization	were filed on June 17	2015	and assigned		
	document number L1500010	5843	<del></del>			
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effect	as block does not meet the	e applicable statutory filii	July 30, 2023 ate document is receiving requirements, the	red for fi is date w	ling) vill not be
4.	A description of occurrence (605.0707, Florida Statutes, (c	opy 605.0707 on back	cover letter).			
	This business has been diso	ved due to lack of sale:	s and lack of profitabilit	y and the illness o	of the o	pera
				<u>.</u>	<u>ري</u> روم	
	·				<u> </u>	
	<u></u>	-		ATASS	17	
5.	If there are no members, ento activities and affairs:	er the name and address Robert Glennon	of the person appointe	17,11	compar	1 <u>4,5</u>
				. •		
				<u>-</u>		
6. ab	Signature of an authorized poove to wind up the company's	erson or if there are no is activities and affairs:	nembers, the signature	of the person app	ointed	and listed
	fift. Slem		Robert Glennon			
	Signature			ted Name		<del></del>

FILING FEE: \$25.00