

L15 000 126382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

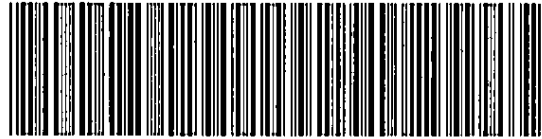
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600348991086

RECEIVED

JUL 24 2020

07/27/20--01053--001 **50.00

SEP 15 2020

S. YOUNG

ARTICLE 57 STATE
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

2020 JUL 24 AM 7:23

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & K Properties 12, LLC & Kenneth R. CARMAN 1, 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:

Annika CARMAN
(Name of Person)
KRC MANAGEMENT LLC
(Firm/Company)
PO BOX 221453
(Address)
HOLLYWOOD FL 33022
(City/State and Zip Code)

For further information concerning this matter, please call:

Annika CARMAN at (954) 410-5946
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution
\$25. x 2 for 2
separate LLC's

☐ \$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
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

A & K Properties 12, LLC

2. The Articles of Organization were filed on 07/23/2015 and assigned

document number L15000126382

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).

PROPERTY WAS SOLD

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Annika CARMAN

PO BOX 221453

HOLLYWOOD - FL 33022

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:


Signature

Annika CARMAN
Printed Name

FILING FEE: \$25.00

RECEIVED BY STATE
DIVISION OF CORPORATION
REGISTRATION
JUL 24 2015

2015 JUL 24 AM 7:23

FILED