

LL5000 190 523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

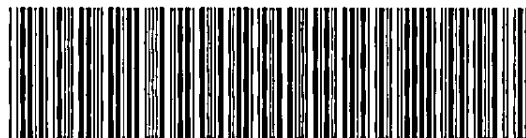
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/04/19--01014--016 **25.00

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2019 MAR -4 PM 2:43
SECRETARY OF STATE
TALLAHASSEE FL 09019

T.G.
2/13/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KYMAKAI 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:

MARIA LUISA HENRIQUEZ

(Name of Person)

KYMAKAI LLC

(Firm/Company)

405 E 51th ST

(Address)

NY NY 10022

(City/State and Zip Code)

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TALLAHASSEE, FL 09001

For further information concerning this matter, please call:

MARIA LUISA HENRIQUEZ

(Name of Person)

305 409 4150

(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
KYMAKAI LLC

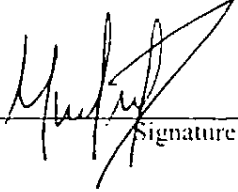
2. The Articles of Organization were filed on 11/10/2015 and assigned
document number L15000190523

3. The delayed effective date the dissolution if not effective on the date of filing: 02/01/2019
(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).
THE COMPANY HAS NOT CARRIED OUT OPERATIONS

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:

x 
Signature

x Maria Luisa Henriquez
Printed Name

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SECRETARY OF STATE
FILING SECTION

APPROVED
AND
FILED