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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SUPERIOR STATE  
TALLAHASSEE, FLORIDA

2023 JAN -9 AM 11:00

FILED

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KMC Interpreting & Consulting  
(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:

Kelly Combs

(Name of Person)

KMC Interpreting & Consulting

(Firm/Company)

11005 N. Kingsway Rd

(Address)

Seffner FL

(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Combs

(Name of Person)

at 813, 654-2421

(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 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

# KMC Interpreting & Consulting

2. The Articles of Organization were filed on December 29, 2015 and assigned

document number L 15000 212801

3. The delayed effective date the dissolution if not effective on the date of filing: 1/31/2023  
(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).

Owner desires to close the company.

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

Kelly Combs

1605 N. Kingsbury Rd.

Seffner FL 33584

2023 JAN -9 AM 10:00

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:

Lilly M. Moore  
Signature

Kelly M. Combs  
Printed Name

FILING FEE: \$25.00