

L16000006322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

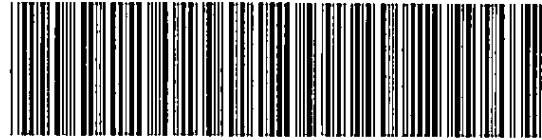
(Document Number)

Certified Copies _____

Certificates of Status _____

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AND
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2019 APR 29 PM 4:23

CLERK OF DISTRICT
COURT

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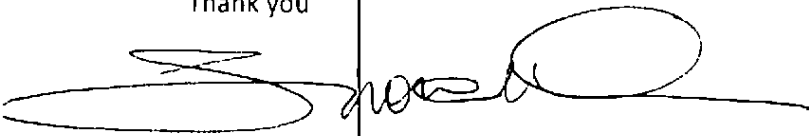
To: The Florida Department of State

I Fiona Walker and Manager of Avaetheas Kloset LLC, would like to discontinue. Included is a \$25 check as requested to file this dissolution.

Document number L16000006322

Mailing address: 135 Woodlake Cir, Greenacres FL 33463

Thank you

A handwritten signature in black ink, appearing to be "Fiona Walker", written over a horizontal line.

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STATE OF FLORIDA
DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avalatheas Klose
(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:

Fiona Walker
(Name of Person)

Avalatheas Klose
(Firm/Company)

135 WOOD LAKE CIR
(Address)

GREENACRES FL 33463
(City/State and Zip Code)

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
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For further information concerning this matter, please call:

Fiona Walker
(Name of Person)

at (561) 716-6027
(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

Avalletheas Kioset

2. The Articles of Organization were filed on _____ and assigned

document number L 116000006322

3. The delayed effective date the dissolution if not effective on the date of filing: 4.29.19
(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).

Do not wish to continue with
the 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:

Fiona Walker

135 Woodlake Cir

Green Acres FL 33463

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

Fiona Walker
Printed Name

FILING FEE: \$25.00

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AND
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