L16000017886

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

Office Use Only



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COVER LETTER

(Name of Limited Liability Company)

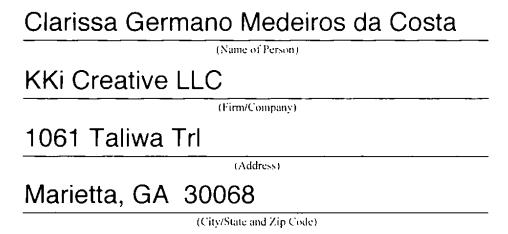
TO:

Registration Section Division of Corporations

KKI Creative LLC

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Clarissa Germano Medeiros da Costa (Name of Person) (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 KKI Creative LLC		
2.	The Articles of Organization were filed on $\frac{01/26/20}{2}$	and assigned	A STATE OF THE PARTY OF THE PAR
	document number L16000017886	_	
3.	The delayed effective date the dissolution if not eff (effective date cannot be prior to or monotone). If the date inserted in this block does not meet the listed as the document's effective date on the Department.	e applicable statutory filing requirements, this	
4.	A description of occurrence that resulted in the limi 605.0707, Florida Statutes, (copy 605.0707 on back	ited liability company's dissolution pursu cover letter).	ant to section
	The company moved to Atlanta, GA, and it's now based to	there and registered under	
	Georgia State Departament of Corporations.		
	If there are no members, enter the name and address activities and affairs:	s of the person appointed to wind up the c	company`s
6. list	Signature of an authorized person or if there are no ted above to wind up the company's activities and at	members, the signature of the person app ffairs:	ointed and
1/	Manfor:	Clarissa Germano Medeiros da Costa	
/_	Signature	Printed Name	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: KKi Creative LLC	
Document number of Limited Liability Company is: L16000017886	
Date of dissolution was: 01/14/2019	
Description of information that must be included in a written claim:	
This company is now based and registered on Georgia, USA.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
Clarissa Germano Medeiros da Costa	
1061 Taliwa Trl	
Marietta, GA	
30068	
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Signature of the Person Filing

Clarissa Germano Medeiros da Costa

Printed Name of the Person Filing