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(Requestor's Name)					
(12	4,				
(Ad	dress)				
(Address)					
(Cit	y/State/Zip/Phone	#)			
PICK-UP		MAIL			
	-i Falk No.				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Q. SILAS					
MAR 17 2022					

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SECRETARY OF STATE

COVER LETTER

FO: Registration Section Division of Corporations						
SUBJECT: KPH SOLUTIONS 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:						
Kan P Hockzena (Name of Person)						
KPH 5014700S (Firm/Company)						
669 RIO Del NOAR Rol (Address)						
St. Augustne, Fl 32095 (City/State and Zip Code)						
or further information concerning this matter, please call:						
(Name of Person) at (317 847 - 1919) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee and Certificate of Dissolution OF # 7356 S55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)						
Mailing Address: Street Address:						
Registration Section Registration Section Division of Corporations Division of Corporations						

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1.	The name of a limited liabil		C	2022 HAR -8 AM 9: 39
2.	The Articles of Organizatio		2/24/2016	SECRETARY OF STATE TALLAHASSEE, FI.
	document number LlOC	100039111		
3.	The delayed effective date to (effective Note: If the date inserted in listed as the document's effective date to the delayed	this block does not m	neet the applicable statutory	f filing: 12 31 21 an date document is received for filing) filing requirements, this date will not be
4.	A description of occurrence 605.0707. Florida Statutes,	e that resulted in the copy 605.0707 on	e limited liability compar back cover letter).	ny's dissolution pursuant to section
	Munager no	iongur d	oung contro	vet work.
	Caron establishment	• •	•	
	Contract of the second			-
			anana.	
5.	If there are no members, en	ter the name and ac	ddress of the person appo	ointed to wind up the company's
	activities and affairs:	<u></u>		<u> </u>
6. ab	Signature of an authorized pove to wind up the company	person or if there are 's activities and aff	re no members, the signa fairs:	ture of the person appointed and list
/				
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FILING FEE: \$25.00