(Requestor's Name)	
(Address)	100309383011
(Address)	
(City/State/Zip/Phone #)	02/26/1801024004 **25.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	FIL SECRETAR FALLAHASS
Special Instructions to Filing Officer:	ELED B 26 PM 4: 46 TARY OF STATE ASSEE, FLORIDA
Office Use Only	

COVER LETTER

TO: Registration Section Division of Corporations

Inspector Ken, Llc

SUBJECT:

(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:

Kenneth Potter

(Name of Person)

Inspector Ken, Llc

(Firm/Company)

628 SE 21st Ave

(Address)

Cape Coral, FL 33990

(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth Potter	. 239	677-8983
	at ()
(Name of Person)	(Area Co	de & 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		
	A LIMITED LIABILITY COMPANY		
1.	The name of a limited liability company is Inspector Ken, Lic FOR A LIMITED LIABILITY COMPANY FILED I8 FEB 26 PH 4: 46 IAUTOR		
2.	The name of a limited liability company is Inspector Ken, Llc The Articles of Organization were filed on		
	document number		
3.	The delayed effective date the dissolution if not effective on the date of filing:		
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). Unprofitable business. 		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's		
	Adjune POTTEN 628 SE 21ST AVE CARE CORAL E 33990		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
Ł	Signature Kennech Potter		

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FILING FEE: \$25.00

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