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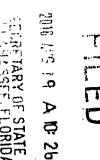
(Requestor's Name)	_
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COVER LETTER

Division of Corporations
SUBJECT: KC Partners One Lac
(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:
DOSA WATSON
Rosa WA75 M (Name of Person)
(Firm/Company)
· · · ·
Parkland FL, 38076
(Address)
Parkland FL, 33076
(City/State and Zip Code)
For further information concerning this matter, please call:
Rosa Watson = 305, 905-6577
(Name of Person) at (305) 905-6522 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution \$25.00 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