

L16000142136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000299345020

05/22/17--01017--003 **25.00

FILED
17 MAY 22 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 22 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **KMS Innovative 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:

Karen Marie Shaw

(Name of Person)

6326 SAFFORD TER (Firm/Company)

20480 Veterans Blvd. Unit 259

NORTH PORT FLORIDA 34287-2028 (Address)

Port Charlotte, Florida 33954

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Marie Shaw

(Name of Person)

585 737-8170

at

(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

KMS Innovative Solutions LLC

2. The Articles of Organization were filed on 07/28/2016 and assigned

document number L16000142136

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

THERE HAS BEEN NO MONEY EARNED, NO PROFIT WHATSOEVER

SINCE CO. WAS CREATED.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

KAREN MARIE SHAW

6326 SAFFORD TER.

NORTH PORT, FL. 34287-2028

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:

Karen Marie Shaw
Signature

Karen Marie Shaw

Printed Name

FILING FEE: \$25.00

17 MAY 22 AM 7:07
SECRETARY OF STATE
ALLAHAMSSIC FLORIDA