

L16000205486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

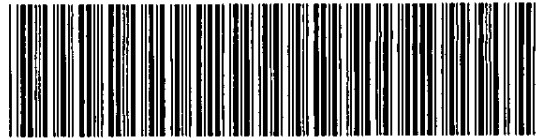
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

701

Office Use Only



200294881012

01/30/17--01026--001 \*\*35.00

FEB 15 2017  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 30 AM 11:40



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2017

KARIM A BARUQUE  
KJF HOLDINGS, LLC  
1830 RADIUS DRIVE APT 520  
HOLLYWOOD, FL 33020

SUBJECT: KJF HOLDINGS, LLC  
Ref. Number: L16000205486

RECEIVED  
2017 FEB 13 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for KJF HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 917A00002020

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 30 AM 11:40

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KJF Holdings

(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:

Karim A. Barugue

(Name of Contact Person)

KJF Holdings, LLC

(Firm/Company)

1830 Radius Dr Apt. 520

(Address)

Hollywood, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person)

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

17 JAN 30 2011 10  
SOLICITORS  
TALLAHASSEE, FL

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

KFJ Holdings, LLC

2. The Articles of Organization were filed on 11/08/16 and assigned

document number L16000205486

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

Was not able to begin bussiness

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

Karim Baroque

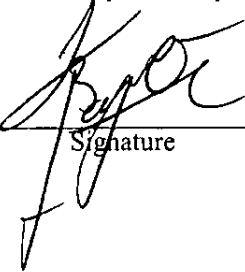
1830 Radius Dr Apt 520

Hollywood FL, 33020

17 JAN 30 AM 11:40

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

  
Signature

Karim Baroque  
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: \_\_\_\_\_

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17 JAN 30 AM 11:40

FILED  
STATE OF FLORIDA  
TALLAHASSEE, FL 32309

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Printed Name of the Person Filing

\_\_\_\_\_  
Signature of the Person Filing

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