L17000096474

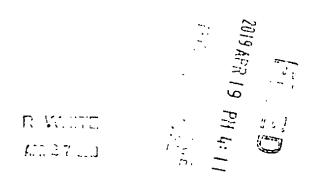
(Re	questor's Name)			
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COVER LETTER

Divisio	on of Corporations			
SUBJECT:	KIBBEY	PROPERTY	RENTALS, LLC Liability Company)	
_		(Name of Limited)	Liability Company)	
The enclosed A	rticles of Dissolution a	and fee(s) are submitted	for filing.	
Please return all	correspondence conc	erning this matter to the	following:	
r rease return an	. correspondence conc	erining this matter to the	Tottowing.	
	S'COTT	KIBBEY		
		(Name o	of Person)	
		•		
	Alm	400		
		(Firm/C	ompany)	
	29 50,	SABIRO LA	¥γ̈Ε	
29 SONGBIRD LANE (Address)				
	ALISO	VIESO, CA	92656	
(City/State and Zip Code)				
For further infor	rmation concerning th	is matter, please call:		
	SCOTT KIBB	EY	at (949) 8(3 - 5913 (Area Code & Daytime Telephone Number)	
	(Name of P	erson)	(Area Code & Daytime Telephone Number)	
Enclosed is a che-	ck for the following amo	ount:		
\$25.00	Filing Fee and Certificat	te of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	MAILING ADI	DRESS:	STREET/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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 2019 APR 19 PM 4: 11
	KIBBEY PROPERTY DENTALS, LLC.
2.	The Articles of Organization were filed on $\frac{5}{1/17}$ and assigned
	document number L 17000096474
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).
	VOLUNTARY DISSOLUTION
٠	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
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:
	Signature Scott KUBBEY Printed Name
	Signature Printed Name

FILING FEE: \$25.00