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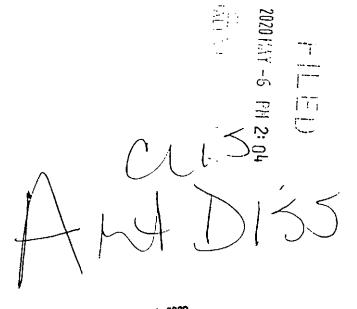
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COVER LETTER

Registration Section Division of Corporations

TO:

KALEIDOSCOPE WINE BAR, ELC SUBJECT:					
(Name of Limited Liability Company)					
The enclosed Articles of Dissolution and fee(s) are submitted	ed for filing.				
Please return all correspondence concerning this matter to t	he following:				
DANNY M. DAVIS					
(Name of Person)					
KALEIDOSCOPE WINE BAR, LLC					
(Firm/Company)					
13420 DEL PRADO DR S					
(Address)					
LARGO, FL 33774	LARGO, FL 33774				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
DANNY M. DAVIS	727 754-6608 at ()				
(Name of Person)	(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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES OF		_	
	FC A LIMITED LIAB			204
1. The name of a limited	liability company is		•	8
KALEIDOSCOPE WIN	E BAR, LLC			
-			- 1	
2. The Articles of Organ	ization were filed on JULY 17	. 2017	and assigned	04
	7000152222			<i>1</i> •
3. The delayed effective	date the dissolution if not effective date cannot be prior to or mo	ective on the date of fili	ng:	en Giller
Note: If the date insert	ed in this block does not meet th	e applicable statutory filir	ng requirements, this da	or ming) ite will not be
listed as the document'	s effective date on the Departme	nt of State's records.		
4 4 4 5 5 6	AL A 10 A 10 A 10 A	4 - 1 17 1 7174	11. 1.2	
4. A description of occur 605.0707, Florida Stati	rence that resulted in the limiutes, (copy 605,0707 on back	ted hability company si cover letter).	dissolution pursuant	to section
THE CONSENT OF AL	L MEMBERS			
THE CONSENT OF AL	L MEMBERS			
THE CONCENT OF ALL	NAISNADISD C			
THE CONSENT OF ALI	- MEMIDEKS			
		<u> </u>		
5. If there are no membe	rs, enter the name and address	s of the person appointe	d to wind up the com	npany's
activities and affairs:	DANNY M. DAVIS			
	13420 DEL PRADO DE	2 \$		
	13420 1313 1 17(170 171			
	LARGO, FL 33774			
6. Signature of an author above to wind up the com	ized person or if there are no ipany's activities and affairs:	members, the signature	of the person appoin	ted and listed
() _a $/$	•			
15142-		DANNY M. DAVIS		
/ Signat	iri ———	Print	ed Name	

FILING FEE: \$25.00