

L17000248352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

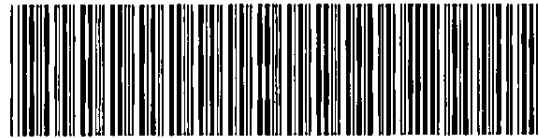
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200404404042

03 MAR 2023 10:00:00 AM

FILED

2023 MAR 17 PM 2:53

SECRETARY OF STATE  
HALLAMSSFF F109107

A. RIVERS

MAY 19 2023

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Notice of Dissolution

**DOCUMENT NUMBER:** L17000248352

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOEL MEDINA

(Name of Contact Person)

KMG CPA & Associates LLC

(Firm/Company)

1101 Miranda Lane Suite 109

(Address)

Kissimmee, FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

Joel R. Medina

(Name of Contact Person)

at (321)

(Area Code)

337-6767

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status & 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

## Notice of Limited Liability Company Dissolution

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: K&U TRANSPORT, LLC

Document number of Limited Liability Company is: L17000248352

Date of dissolution was: 12/31/2022

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

---

---

---

---

---

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

2818 Corkmore Ct. Orlando FL 32824

---

---

---

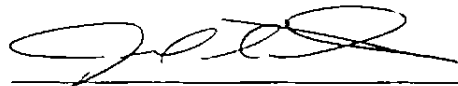
---

FILED  
2023 MAR 17 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE FL 32301

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.

Joel R. Medina

Printed Name of the Person Filing

  
Signature of the Person Filing