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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CANCELLATION

\_\_\_\_\_  
Name of Limited Liability Company

Please return all correspondence concerning this matter to:

JOSE A. HERNANDEZ PAGAN

\_\_\_\_\_  
Contact Person

KJ INSTALLATION LLC

\_\_\_\_\_  
Firm/Company

715 SUNNY PINE WAY E1

\_\_\_\_\_  
Address

GREENACRESS FL 33415

\_\_\_\_\_  
City, State and Zip Code

JOSE152752@YAHOO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE A. HERNANDEZ PAGAN

at ( 561 ) 601-0971

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

CR2E132 (10/15)

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

1. The name of a limited liability company is

Ki Installation Llc

2. The Articles of Organization were filed on 4/24/18 and assigned

document number L18000103400

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/18  
(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 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).

No Activity was done

No longer in business

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

6. Signature of an authorized person or if there are no members, the signature of the person appointed as listed above to wind up the company's activities and affairs:

X [Signature]  
Signature

Jose A. Hernandez  
Printed Name

**FILING FEE: \$25.00**