

L18000104394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICKUP

☐ WAIT

☐ MAIL

(Business Entity Name)

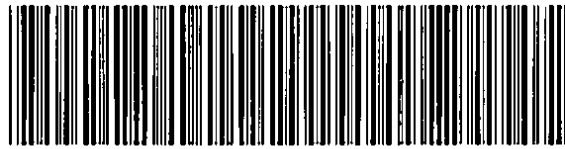
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

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2021 APR 19 AM 11:30

2021 APR 19 PM 1:14
SECRETARY OF STATE
FALLS CHURCH, VA

RECEIVED

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APR 20 2021

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 04/19/2021

Acc#120160000072

en: c SW

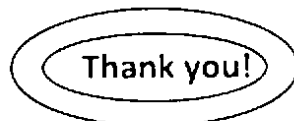
| | |
|-------------|-----------------------|
| Name: | KDM Tech Holding, LLC |
| Document #: | |
| Order #: | 13634941 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

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| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/> |
| | Plain: <input checked="" type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

| |
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| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

| | |
|------------|-------|
| Amount: \$ | 25.00 |
|------------|-------|



ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

SEP 19 AM 11:30

1. The name of a limited liability company is
KDM TECH HOLDING, LLC

2. The Articles of Organization were filed on 04/30/2018 and assigned
document number L18000104394

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).
The Company has terminated its business.

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

910 Whitakers Lane

Sarasota, FL 34236

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

Keith D. Monda

Printed Name

FILING FEE: \$25.00