L18000107442

(Requestor's Name)			
(Address)			
(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:			

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: <u>KART</u>	Enterprises Name of Limited Liability Con	npany
	closed Statement of Revocation ted for filing.	of Dissolution for Florida Limit	ed Liability Company and fee(s) are
Please	return all correspondence conce	erning this matter to:	
	Austin Gi Contact Pe	rson	_
KA	RT Enterprises Firm/Com	LLC pany	_
_5	852 Deermo	ent Dr	-
	resturew, r	FL 32539 1 Zip Code	_
<u> 2/</u> E-	atinum detail mail address: (to be used for fur	pd & smal C	<u>o</u> m
For fur	ther information concerning this Austin Grant Name of Contact Person		Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	S	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

Signature of person authorized to submit the revocation of dissolution			
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Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Jan 28, 2021 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

KART ENTERPRISES, LLC

The document number of the limited liability company: L18000107442

The file date of the articles of organization: April 30, 2018

The effective date of the dissolution if not effective on the date of filing: January 28, 2021

A description of occurance that resulted in the limited liability company's dissolution:

MY BUSINESS PARTNER / BROTHER AUSTIN GRANT IS NOT MENTALLY STABLE. HE HAS SIGNED OVER A ENTIRE POWER OF ATTORNEY TO HIS FATHER MAKING THE BUSINESS UNDER S.605.0601(1) UNWORKABLE. I UNDER MY OWN FREE WILL DECIDED TO WITHDRAW FROM MY BUSINESS UNDER S.605.0601(1)

The name and address of the person appointed to wind up the company's activities and affairs:

AUSTIN GRANT 5852 DEERMONT DR CRESTVIEW, FL 32539 UN

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ROBERT M SUPERTINO

Electronic Signature of authorized person