118000223084

| (R | requestor's Name) | |
|---|-------------------------|--|
| (A | ddress) | |
| (A | ddress) | |
| (C | City/State/Zip/Phone #) | |
| PłCK-UP | WAIT MAIL | |
| (B | Business Entity Name) | |
| (D | Occument Number) | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Filing Officer: | | |
| | ن سيكن | |
| | MAY 27 ZULL | |
| | | |
| | 5/25/22 | |
| Office Use Only | | |

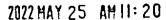


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SECRETARY OF STATE







SECRETARY OF STATE TALLAMASSEE, FL.

May 3, 2022

KING CANDLE CARVING LLC 529 PETREL CIR LAKELAND, FL 33809

SUBJECT: KING CANDLE CARVING LLC

Ref. Number: L18000223084

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the description of occurrence that resulted in the limited liability company's dissolution pursuant to F.S. 605.0707. Section 605.0712, Florida Statutes, requires a Notice of Limited Liability Company Dissolution contain a description of the information that must be included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 922A00010249

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: KING CANDLE CARVING LLC | |
| | d Liability Company) |
| The enclosed Articles of Dissolution and fee(s) are submitted the Please return all correspondence concerning this matter to t | |
| MYOUNG S. YI | |
| (Nam | e of Person) |
| KING CANDLE CARVING | |
| (Firm | v/Company) |
| 529 PETREL CIR | |
| (2 | Address) |
| LAKELAND, FL 33809 | |
| (City/Stat | e and Zip Code) |
| For further information concerning this matter, please call: | |
| REY A. MOORE | at (720 327-3797 |
| (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 | Street Address: Registration Section |
| Division of Corporations | Division of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

707 MAY 25 PM 12: 59

| l. | The name of a limited liability company is | SECRETARY OF STATE TALLAHASSEE, FL |
|---------|---|---|
| | KING CANDLE CARVING LLC | |
| 2. | The Articles of Organization were filed on 09/19/2018 | and assigned |
| | document number L18000223084 | |
| 3. | The delayed effective date the dissolution if not effective on the da (effective date cannot be prior to or more than 90 days lat Note: If the date inserted in this block does not meet the applicable statt listed as the document's effective date on the Department of State's reco | tory filing requirements, this date will not be |
| 4. | A description of occurrence that resulted in the limited liability cor 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). | npany's dissolution pursuant to section |
| | BUSINESS STATUS CHANGED FROM LLC TO A SCHEDULE C | |
| | BUSINESS STATUS CHANGED FROM LLC TO A SCHEDULE C | |
| | BUSINESS STATUS CHANGED FROM LLC TO A SCHEDULE C | |
| | | |
| 5. | . If there are no members, enter the name and address of the person activities and affairs: | appointed to wind up the company's |
| | | |
| | | |
| | | - |
| 6 al | Signature of an authorized person or if there are no members, the s bove to wind up the company's activities and affairs: | ignature of the person appointed and listed |
| | AK T | VI. |

FILING FEE: \$25.00

Printed Name

Signature