

L19000 061 554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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10/24/19--01019--011 **25.00

2019 OCT 24 PM 2:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KONDAKI, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Devon Kondaki
(Name of Person)

KONDAKI, LLC
(Firm/Company)

52 N River Ave Suite 3
(Address)

Indianapolis, IN 46219
(City/State and Zip Code)

For further information concerning this matter, please call:

Devon Kondaki at (954) 470-5372
(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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2015 OCT 24 PM 2:17

1. The name of a limited liability company is

KONDAKI, LLC

2. The Articles of Organization were filed on 03/04/19 and assigned

document number L19000061554

3. The delayed effective date the dissolution if not effective on the date of filing: 11/04/19
(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).

No longer need to be in business at
this time.

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

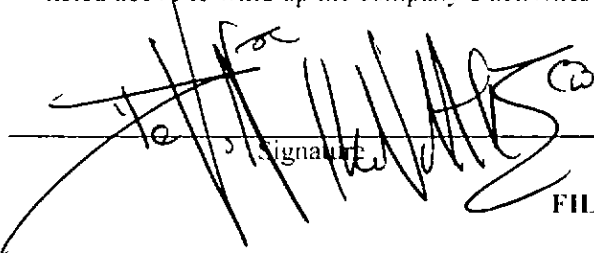
Devon Kondaki

52 N Ritter Ave Suite 3

Indianapolis, IN

46219

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

Devon Kondaki
Printed Name

FILING FEE: \$25.00