

8/11/2020

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EDDIE FERNANDEZ, PA  
Account Number : I20190000058  
Phone : (407)574-5009  
Fax Number : (407)574-5953

**LLC DISSOLUTION OR WITHDRAWAL**  
**KINNOTE, LLC**

Certificate of Status	0
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**ARTICLES OF DISSOLUTION  
FOR  
KINNOTE, LLC**

The undersigned, on behalf of KINNOTE, LLC, a Florida limited liability company (the "Company"), executes the following Articles of Dissolution, pursuant to Section 605.0707, Florida Statutes.

1. The name of the company is KINNOTE, LLC (the “**Company**”).
2. The Articles of Organization of the Company were filed on 09/18/2019 and assigned document number **L19000236254**.
3. The occurrence that led to the limited liability company’s dissolution:

THE MEMBERS OF THE COMPANY HAVE UNANIMOUSLY ELECTED TO DISSOLVE  
THE COMPANY AND HAVE AUTHORIZED SUCH ACTION BY WRITTEN CONSENT.

I submit this document and affirm that the facts stated herein are true. I am 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.

Executed this 11th day of August, 2020.

KINNOTE, LLC

Matthew Kanagy  
Matthew Kanagy

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**Notice of Limited Liability Company Dissolution****NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: KINNOTE, LLC

Document number of Limited Liability Company is: L19000236254

8/11/2020  
Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

the amount of your claim, the date or dates the the amount of your claim accrued, the event or events giving rise to  
the accrual of your claim, written documentation evidencing your claim including, but not limited to, invoice,  
receipt, any written agreement by Kinnote, LLC agreeing to to be bound, and correspondence with one or more  
representatives of KINNOTE, LLC regarding the events giving rise to your claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

KINNOTE, LLC

c/o Matthew Kanagy

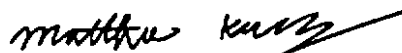
3199 Ribbon Grass Drive

Melbourne, FL 32940

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Matthew Kanagy, Authorized Member

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**