

L19000245111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

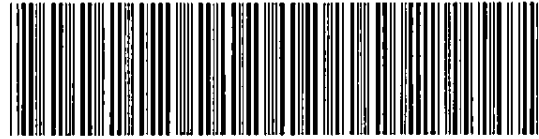
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

J. HORNE  
JUN 26 2024

Office Use Only



000430636350

FILED  
2024 JUN 25 PM 3:56

RECEIVED  
2024 JUN 25 PM 1:52  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 06/25/24**

**NAME: KINGS KITCHEN AND BAR LLC**

**TYPE OF FILING: DISSOLUTION**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KINGS KITCHEN AND BAR, 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:

JORDAN HEILMAN

\_\_\_\_\_  
(Name of Person)

QUARLES & BRADY LLP

\_\_\_\_\_  
(Firm/Company)

411 E. WISCONSIN AVE. SUITE 2400

\_\_\_\_\_  
(Address)

MILWAUKEE, WI 53202

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JORDAN HEILMAN

\_\_\_\_\_  
(Name of Person)

at ( 414 277-3034 )

\_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

FILED  
2024 JUL 25 11:08:56

1. The name of a limited liability company is  
KINGS KITCHEN AND BAR, LLC

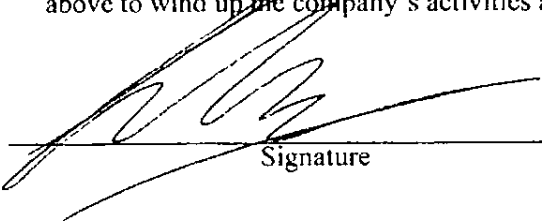
2. The Articles of Organization were filed on SEPTEMBER 30, 2019 and assigned  
document number L19000245111

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 CONSENT OF SOLE MEMBER TO DISSOLUTION.

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

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

KEVIN SCHOENSEE, MANAGER  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

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: KINGS KITCHEN AND BAR, LLC

Document number of Limited Liability Company is: L19000245111

Date of dissolution was: JUNE 21, 2024

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

THE LEGAL NAME OF THE CLAIMANT, CLAIMANT'S ADDRESS AND OTHER CONTACT INFORMATION,

THE NATURE OF THE CLAIM, THE DATE THE CLAIM OCCURED, AND THE AMOUNT OF THE CLAIM.

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

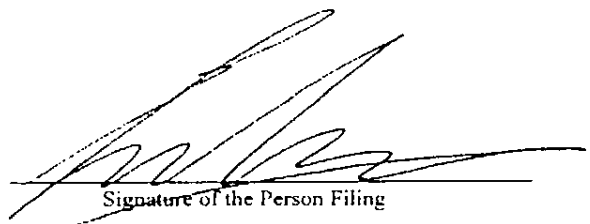
2230 FIRST ST. APT. 215

FORT MYERS, FL 33901

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.

KEVIN SCHOENSEE

Printed Name of the Person Filing

  
Signature of the Person Filing

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MILWAUKEE, WI 53202

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at (

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