L19000275216

	(Requestor's Name)			
	(Address)			
	(Address)			
(City/State/Zip/Phone #)				
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(Document Number)				
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COVER LETTER

Tallahassee, FL 32314

	Registration Section Division of Corporations			
SUBJÉC	T: KAFA TRANSPORTATION	LLC		
	(Name of Limite	ed Liability Company)		
The enclo	sed Articles of Dissolution and fee(s) are submitt	ed for filing.		
Please retu	urn all correspondence concerning this matter to	the following:		
	24 pordat ausnax			
	(Nam	e of Person)		
	Kara Tannema Tation			
	Kara Tabasportation (Fim	n/Company)		
	(4	•		
Minmi Shores, FL 33150 (City/State and Zip Code)				
Miami Shores, FL 33150 (City/State and Zip Code)				
For further	r information concerning this matter, please call:			
<u>\</u>	KAMIND FABROAS	ar (786) 262-6674		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is	a check for the following amount:			
₹ 2	25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	1ailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations 2.O. Box 6327	Division of Corporations The Centre of Tallahassee		
_		O O I I WI WI WOOD CO		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia	pility company is	1170 - Fü) Fr 7:30
KAFA T	ransportation LLC		
2. The Articles of Organizat	ion were filed on Way 2019	and assigned	
document number L19	000275216		
(effect Note: If the date inserted i	e the dissolution if not effective on the date of the date cannot be prior to or more than 90 days later the this block does not meet the applicable statutory ective date on the Department of State's records.	an date document is received for filly filling requirements, this date w	4 6 ZOZÒ ing) ill not be
4. A description of occurren 605.0707, Florida Statutes	ce that resulted in the limited liability compai . (copy 605.0707 on back cover letter).	,	ection
- FCK 01 1 100	chivily		
			
			
 If there are no members, e activities and affairs: 	nter the name and address of the person appo	pinted to wind up the compan	y's
	141 NW 103 rd ST.		
	Mimi Shores Fl 3315	50	
 Signature of an authorized above to wind up the compar 	person or if there are no members, the signa	iture of the person appointed a	and listed
	y 5 activities and arrains.		
lder 4	Kanina F	24 B 4464	
Signature		Printed Name	
*/	FILING FEE: \$25.00		