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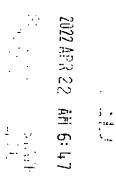
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Queinas Fath Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	

Office Use Only



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O SIMMONS

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: K& J Tax FI	nterprise LLC
(Name of Limited	d Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitte	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
_ Karol Roja	S & Juan Moreno
(Firm/	(Company)
8000 Baymeac	Lows Circle Fast Apt 80
Jacksonville	FL 39256 and Zip Code)
For further information concerning this matter, please call:	
Karo Rojas (Name of Prison)	at (904) 472-1818 (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

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

** Please note change of address ** 326 Pistachio Place Jacksonville, FL 32216

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1	2022 APR 22 AM 5: 47
١.	The name of a limited liability company is K & T Toex Enterno S = 1.1 C
2.	The Articles of Organization were filed on $\frac{O/4/2020}{}$ and assigned
	document number <u>L 20000153511</u>
3.	The delayed effective date the dissolution if not effective on the date of filing:
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).
	We were not able to do any work does to the
	Pandemic.
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	8000 Baymendows Circle Fast Upt 8
	Jacksonville, FC 32216
6. abo	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
,	Kawl Roigs.
7	Signature Printed Name

FILING FEE: \$25.00