

L20 000 184 952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

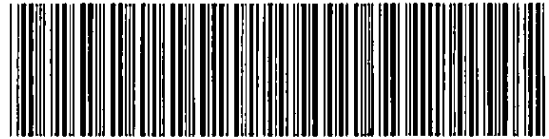
(Document Number)

Certified Copies _____ Certificates of Status _____

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57
6/27/23

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03/15/23--01027--009 **25.00

APPROVED
AND
FILED
2023 JUN 26 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KJS BEACH RETREAT 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:

KENEIL FOSTER

(Name of Person)

(Firm/Company)

3660 CEDAR PARK LANE

(Address)

PANAMA CITY, FL 32404

(City/State and Zip Code)

For further information concerning this matter, please call:

KENEIL FOSTER

(Name of Person)

850

258-1192

at ()

(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

APPROVED
AND
FILED

2023 JUN 26 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
KJS BEACH RETREAT LLC

2. The Articles of Organization were filed on 6/30/2020 and assigned
document number L20000184952

3. The delayed effective date the dissolution if not effective on the date of filing: 6/20/23
(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 WORK

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

3660 CEDAR PARK LANE

PANAMA CITY, FL 32404

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

KENEIL FOSTER

Printed Name

FILING FEE: \$25.00