To: 8506176383

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000035784 3)))



H210000357843ABC/

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 : (407)932-0040 Phone Fax Number : (407)520-5473

LLC DISSOLUTION OR WITHDRAWAL **K&P CONSTRUCTION USA LLC**

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu Corporate Filing Menu

COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	K&P CONSTRUCTION USA LLC						
	(Name of Limite	d Liability Comp	any)				
The encl	osed Articics of Dissolution and fee(s) are submitte	d for filing.					
Please re	um all correspondence concerning this matter to the	he following:					
	KARLA P. POSADA						
	(Name of Person)						
	K&P CONSTRUCTION USA LLC						
	(Firm/Company)						
	1222 SHEELER AVE						
	(\ddress)						
	APOPKA, FL 32703						
	(City/State and Zip Code)						
For further information concerning this matter, please call:							
	KARLA P. POSADO	407 at (663-3649				
•	(Name of Person)	(Area C	ode & Daytime Telephone Number)				
Enclosed i	a check for the following amount:						
	\$25.00 Filing Fee and Cortificate of Dissolution		g Fee, Certificate of Dissolution & Copy (additional copy is enclosed)				
]	Vailing Address: Segistration Section Division of Corporations O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroc Street, Suite 810 Tallahassec, FL 32303					

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The	hame of a limited liabil	ity company is			
	K&P	CONSTRUCTION USA	LLC			
2.			n were filed on <u>07/28/202</u>	0	and assigned	-
	docu	ment number	24126	_		
3.	The o	delayed effective date t effective f the date inscribed in t	he dissolution if not effe date cannot be prior to or mo	ctive on the date of filing: re than 90 days later than date d applicable statutory filing r it of State's records.	ocamount is received to titutifi	;) not be
4.	A de	scription of occurrence	that resulted in the limit	ed liability company's dis	solution pursuant to sec	tion
		VO7, Florida Statites, (COMPANY ES CLOSEI	copy 605.0707 on back o	cover letter).		3 ∩3
	THE	COMPANT ES CLOSEI	7 311406 12/312020	<u> </u>	<u> </u>	<u>-</u> - - ==
	THE (OMPANY ES CLOSEI	SINCE 12/312020		- R	
	тне (OMPANY ES CLOSED	SINCE 12/312020		100 A	: 5
			,		9.	
5.	If the	re are no members, en	ter the name and address	of the person appointed to	wind up the company'	8
		tics and affairs:	KARLA P. POSADA	· · · · · · · · · · · · · · · · · · ·	· · · · ·	_
			1222 SHEELER AVE			_
	!		APOPKA, FL 32703			
	· i					
6. at	Sign	ture of an authorized gowind up the company	person or if there are no it's activities and affairs:	nembers, the signature of	the person appointed an	d listed
}	: Kar	la Patrici	<u>a Posadas</u>	KARI.A P. POSADA		_
		Signature		Printed	Name	
			FILING I	FEE: \$25.00		