

121000056734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

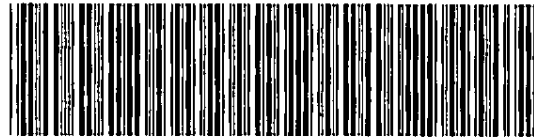
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600381147106

02/07/22--01024--016 **25.00

FILED

2022 FEB -7 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FL

ALL
AND
DISS

FEB 16 2022
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RKKALMANLLC

(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:

Robert Kalman

(Name of Person)

None

(Firm/Company)

5603 Danisha Ct

(Address)

The Villages, FL 32163

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Kalman

(Name of Person)

262

497-2459

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**

FILED
2022 FEB - 7 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
RKKALMANLLC

2. The Articles of Organization were filed on February 01, 2021 and assigned
document number L21000056734

3. The delayed effective date the dissolution if not effective on the date of filing: 02/12/2021
(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).

We were going to put a condominium under this LLC but decided not to. This LLC has never been used.

We were going to put a condominium under this LLC but decided not to. This LLC has never been used.

We were going to put a condominium under this LLC but decided not to. This LLC has never been used.

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

5603 Danisha Ct

The Villages, FL 32163

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:

Robert Kalman

Signature

Robert Kalman

Printed Name

FILING FEE: \$25.00