121000141752

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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(Document Number)			
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of which and

COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT:	KJ3 Grou (Name of Limited	P LLC Liability Company)		
The enclosed Articles of D	Dissolution and fee(s) are submitted	I for filing.		
Please return all correspondence concerning this matter to the following:				
	Kendall C	Sharpe of Person)		
115 Grup (1°C				
7140 NW 1046 Ct, (Address)				
	(Ad	ldress)		
Plantum, FL. 33313 (City/State and Zip Code)				
	City/State	and Zip Code)		
For further information co	ncerning this matter, please call:			
Kenda	(Name of Person)	at (305) (Area Code & Da	ytime Telephone Number)	
Enclosed is a check for the fo	Mouring several:			
\$25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Mailing Address Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection (orporations (Street Address: Registration Section Division of Corpore The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	ations hassee reet, Suite 810 303	
	Check	alrealy	Sent/Cashed	



RECEIVED

2022 APR 12 PH 12: 03

SECNETALL DI GLATE TALLAHASSEE, FL

Division of Corporations

March 28, 2022

KENDALL SHARPE 7140 NW 10TH COURT PLANTATION, FL 33313

SUBJECT: KJ'S GROUP, LLC Ref. Number: L21000141752

We have received your document for KJ'S GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 722A00007215

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1.	The name of a limited liability company is	2022 APR 12 PM 12: 55
	KT's Group CLC	SEM1 .
2.	The Articles of Organization were filed on \(\frac{3}{2} \) \(\frac{20}{2021}\)	TALE SSEE, FL and assigned
	document number <u>C2f300141752</u>	
3.	The delayed effective date the dissolution if not effective on the date of fili (effective date cannot be prior to or more than 90 days later than da Note: If the date inserted in this block does not meet the applicable statutory filit listed as the document's effective date on the Department of State's records.	ite document is received for filing)
4.	A description of occurrence that resulted in the limited liability company's 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	•
	_ RJS GIGHT IS DELLY DESCRICE BOZZALE	e inche with
	no business done. The business new	en took of because
	of Crist-19. Please disoluce This c	
5.	If there are no members, enter the name and address of the person appointe activities and affairs:	d to wind up the company's
	7140 NW 10th Ct.	
	Plantatin, FL. 3331	3
6. ab	Signature of an authorized person or if there are no members, the signature pove to wind up the company's activities and affairs:	of the person appointed and listed
u	Color Kendel	1 Sharpe,
	Signature Print	ted Name

FILING FEE: \$25.00