

L21000242390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

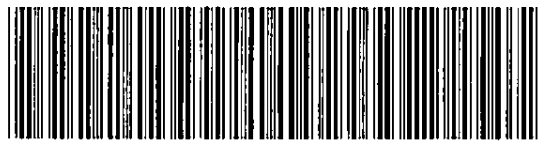
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

KKSW, 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:

Katlin Kishel

(Name of Person)

KKSW LLC

(Firm/Company)

1620 W Romana St

(Address)

Pensacola FL, 32502

(City/State and Zip Code)

For further information concerning this matter, please call:

Katlin Kishel

720

3551008

at ( )

(Name of Person)

(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

23/11/2022

-   
Signature
- Katlin Kishel  
Printed Name

**FILING FEE: \$25.00**