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(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:			
JUN 23 2022			
A. LUNT			

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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations				
SUBJECT: K.A.M. Cleaning (Name of Life	Services LLC lted Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter t	o the following:			
David Villavicencio (Name of Person)				
(Name of Person)				
K.A.M. Cleaning Services LLC (Firm/Company)				
(F	rm/Company)			
10636 Gandy Bouleward N. Lot# 2				
Saint Petersburg/FL 33702 (City/State and Zip Code)				
For further information concerning this matter, please call:				
David Villavicencio	at (727) 269 - 3809 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:	(Area Code te Daytine Petephone Planner)			
\$\frac{1}{\times}\$ \$\frac{1}{\ti	☐ \$55.00 Filing Fee, Certificate of Dissolution &			
44525,00 tilling tee und electricate of islandation.	Certified Copy (additional copy is enclosed)			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is KAM Cleaning Services LLC	
2. The Articles of Organization were filed on $\frac{7/2}{2021}$ and assigned	_
document number	
3. The delayed effective date the dissolution if not effective on the date of filing: 4/14/2022 (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 listed as the document's effective date on the Department of State's records.	g) not
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to sect 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	
Company will no longer be used to	_
Company will no longer be used to conduct business. Wish to Close	
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	- s
	_
6. Signature of an authorized person or if there are no members, the signature of the person appointed and above to wind up the company's activities and affairs:	– d lis
David Villavicencio Printed Name	
Signature Printed Name 727 - 269 - 3809 FILING FEE: \$25.00	

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	
Document number of Limited Liability Company is:	2021
Date of dissolution was:	claim:
Description of information that must be included in a written	claim:
Mailing address where claims can be sent: (Claims cannot be	sent to the Division of Corporations)
A claim against the above named limited liability company vectors is commenced within 4 years after the filing of this not	
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00