

121000305031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

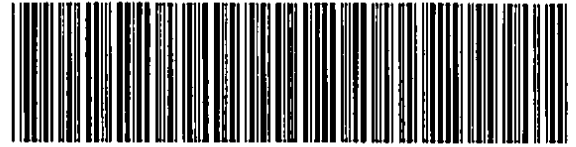
Certificates of Status _____

Special Instructions to Filing Officer:

JUN 23 2022

A. LUNT

Office Use Only



100386854331

05/02/22--01061--009

2022 MAY -2 AM 10:17

FILED
CLERK OF COURT
JULY 2 2022
AM 10:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K.A.M. Cleaning Services 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:

David Villavicencio

(Name of Person)

K.A.M. Cleaning Services LLC

(Firm/Company)

10636 Gandy Boulevard N. Lot# 2

(Address)

Saint Petersburg/FL 33702

(City/State and Zip Code)

For further information concerning this matter, please call:

David Villavicencio

(Name of Person)

at (727) 269-3809

(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

2022 MAY -2 AM 10:17
FBI
RECEIVED
DIVISION OF INVESTIGATION

- 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: _____

Date of dissolution was: _____

Description of information that must be included in a written claim:

FILED
SECRETARY OF STATE
2022 MAY -2 AM 10:17
TAMPA FL 33602

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 will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

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