21000311256

(Re	equestor's Name)	···-
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TO DOMESTIC AND THE

FILES
21 JUL -7 PH 7: I

SB 2.8.21

Kashandy taylor 17120 yellow pine st Wimauma fl 33598

To Whom It May Concern

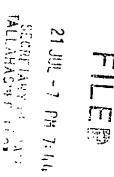
I kashandy Taylor the owner of Kashandy S Taylor. P.A, P19000042119 with dissolving of my business hereby releases the business name.

Sincerely

Kashandy Taylor

Hushakans 6/28/21

Felisha Barrs
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG933266
Expires 2/8/2024



COVER LETTER

CLUD IN COT	Kashandy T	aylor, LLC		
SUBJECT:	Name of Li	mited Liability Company		
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.		
Please return	all correspondence concerning this m	atter to the following:		
	К	ashandy Taylor		
-		Name of Person	 	
_		Firm/Company		
	171:	20 Yellow Pine St		
		Address		
	Wim	auma FL 33598		
		City/State and Zip Code ckashandy@gmail.com		
	E-mail address: (to be used	for future annual report notification	on) A S 21	
For further info	ormation concerning this matter, pleas	e call:	21 JUL SECRI I.	1
	Kashandy Taylorat (813 408-9524	I I AND	
	Name of Person A	Area Code Daytime Telephone		Y] (Y)
Enclosed is a	check for the following amount:		7:44	
□\$125.00 F	iling Fee	Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section	Street Address New Filing Section Di	vision	
	Division of Corporations	The Centre of Tallaha		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Kashandy Ta			
(Must con	tain the words "Limited I	iability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal of	ffice of the Limited	d Liability Company is:	
Princip	oal Office Address:		Mailing Add	ress:
17120 Ye	17120 Yellow Pine St		17120 Yellow Pine St	
Wimauma FL 33598			Wimauma FL 33598	
		andy Taylor Name Yellow Pine St		
	Florida street address		acceptable)	
	Wimauma	FL	33598	
	City	State	Zip	
	ment and to accent comic			
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the or	e, I hereby accept the appo rovisions of all statutes re	lating to the prope	r and complete performan	ce of my duties, a

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" = Manager AMBR	
· ·	
	Kashandy Taylor
1,11,120,13	17120 Yellow Pine St
	Wimauma FL 33598
	
	
(Use attachment if necessary)	
	not meet the applicable statutory filing requirements, this date will not
of filing.) the date inserted in this block does ment's effective date on the Department of the Depart	not meet the applicable statutory filing requirements, this date will not liment of State's records.
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