

(Requestor's Name)				
(Address)				
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(Address)				
(Audiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dasiness Entry Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	Lee Kieffer, LLC			
5000		ed Liability Company)		
The en	iclosed Articles of Dissolution and fee(s) are submitt	ted for filing.		
Please	return all correspondence concerning this matter to	the following:		
	Lee A Kieffer			
(Name of Person)				
	Lee Kieffer, LLC			
	(Fire	n/Company)		
647 Mahogany Run (Address)				
	(City/Sta	te and Zip Code)		
For fu	rther information concerning this matter, please call:			
	Lee Kieffer	704 956-3169		
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)		
Enclose	ed is a check for the following amount:			
	S25.00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	Mailing Address: Registration Section	Street Address: Registration Section		
Registration Section Division of Corporations		Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32314	Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab Lee Kieffer, LLC	lity company is	·
2. The Articles of Organization	on were filed on July 12, 2021	and assigned
document number L210003	18181	
Note: If the date inserted in	the dissolution if not effective on the date of filing: _e date cannot be prior to or more than 90 days later than date doe this block does not meet the applicable statutory filing receive date on the Department of State's records.	ument is received for filing) quirements, this date will not be
4. A description of occurrence 605,0707, Florida Statutes.	e that resulted in the limited liability company's disso (copy 605.0707 on back cover letter).	olution pursuant to section
	n NC and decided now that I am not going to continue in b	ousiness in Florida.
5. If there are no members, en	iter the name and address of the person appointed to	wind up the company's
	647 Mahogany Ron	
	PAIM COAST FI	
	72137	00
1 0 .	person or if there are no members, the signature of the sactivities and affairs:	e person appointed and list
Lee 4 Ku	Her i/si/or Lee A Kieffer	,
oignature '	Printed N	ame

FILING FEE: \$25.00