# L21000343914

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

Office Use Only



400417269734

LLC dessolution

11/06/23--01002--017 \*\*25.00

MINON-6 AM 8: 50 RECEIVED

A SECRETARION - 6 AM II: 07

A SECRETARION OF A CORD

A. RAMSEY NOV -7 2023

### CORPORATE · When you need ACCESS to the world ACCESS,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### WAIKIN

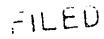
	PICK UP:	BROOK 11/6		
	CERTIFIED COPY			
XX	<b>РНОТОСОРУ</b>	· · · · · · · · · · · · · · · · · · ·		
	GS			
XX	K FILING	DISSOLUTION		
1.	COPY KNIGHT, LLC (CORPORATE NAME AND DOCUMENT	-#)		
2.	(CORPORATE NAME AND DOCUMENT	`#)		
3.	(CORPORATE NAME AND DOCUMENT	`#)		
4.	(CORPORATE NAME AND DOCUMENT	· #)		
5.	(CORPORATE NAME AND DOCUMENT	#1		
6.				
SPECIA INSTR	(CORPORATE NAME AND DOCUMENT  AL  UCTIONS:	#)		
	<del></del>			

#### **COVER LETTER**

TO: Registration Section Division of Corporations						
· ·						
SUBJECT: Copy Knight, LLC	4 Linkillon Command					
(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 th	e following:					
David L. Paul						
(Name	of Person)					
5151 5116						
DLP Law, PLLC						
(rimv	(Company)					
8200 NW 41st St, Suite 318						
(A	ddress)					
Miami, FL 33166						
	and Zip Code)					
For further information concerning this matter, please call:						
David L. Paul	at (305) 908-8690					
(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:	STREET/COURIER ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liability company is	2823 HOV -	P WW 0. 20
	COPY KNIGHT, LLC		Real Stale.
		<del></del>	SEFER
2.	The Articles of Organization were filed on 07/29/2021	and as	signed
			- <u>-</u>
	document number <u>L21000343914</u>		
3.	The delayed effective date the dissolution if not effective on the (effective date cannot be prior to or more than 90 days	date of filing:	is received for filing)
	Note: If the date inserted in this block does not meet the applicable st	atutory filing requireme	ents, this date will not be
	listed as the document's effective date on the Department of State's re-	cords.	
4.	A description of occurrence that resulted in the limited liability 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	company's dissolution	n pursuant to section
	Unanimous vote by members to dissolve.		
	The minute value of members to discontinuing		
		,	
		<del></del>	
		<del></del>	<del></del>
5.	If there are no members, enter the name and address of the perso	n appointed to wind i	up the company's
	activities and affairs:		<del></del>
			<del></del>
6. lisi	Signature of an authorized person or if there are no members, the ted above to wind up the company's activities and affairs:	signature of the pers	son appointed and
	David L.	Paul, Esq.	
	Signature	Printed Name	<del></del>

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 wr	itten claim:
	<del></del>
	W.K.
	• • • • • • • • • • • • • • • • • • •
	~
Mailing address where claims can be sent: (Claims cannot	ot be sent to the Division of Corporations)
	·· <del>·</del>
	· -
A claim against the above named limited liability compactaim is commenced within 4 years after the filing of this	ny will be barred unless a proceeding to enforce the notice.
	Jal Clan
David L. Paul, Esq.	
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