

h21000442402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE

FILED  
2023 JAN -4 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RIVERS

MAR 13 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KEY FORENSIC ACCOUNTING 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:

MICHELLE BALAIS

\_\_\_\_\_  
(Name of Person)

KEY FORENSIC ACCOUNTING SERVICES, LLC

\_\_\_\_\_  
(Firm/Company)

1405 VILLAGE GREEN PARKWAY

\_\_\_\_\_  
(Address)

BRAIDENTON, FL 34209

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHELLE BALAIS

\_\_\_\_\_  
(Name of Person)

941

374-3140

at (\_\_\_\_\_) \_\_\_\_\_

(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

## 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: KEY FORENSIC ACCOUNTING SERVICES, LLC

Document number of Limited Liability Company is: L21000442402

Date of dissolution was: 09/30/2022

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

REASON FOR CLAIM

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

MICHELLE BALAIS

1405 VILLAGE GREEN PARKWAY

BRADENTON, FL 34209

2023 JAN -4 AM 9:45  
FILED  
STATE  
TALLAHASSEE - FLORIDA

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.

MICHELLE BALAIS

Printed Name of the Person Filing

Michelle H. Balais

Signature of the Person Filing

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