

L220000001746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

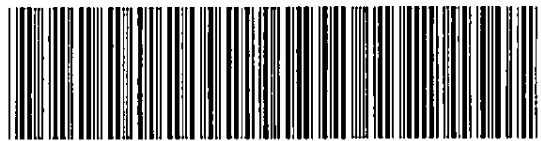
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/13/23--01017--023 **25.00

FILED
2023 FEB 13 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FL

Dissolution

APR 26 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KONA KAI KEY LARGO 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:

Tim Shane

(Name of Person)

Tim A. Shane PA

(Firm/Company)

4400 N. Federal Highway Suite 210

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Shane

(Name of Person)

561

305 6015

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

FILED
2023 FEB 13 AM 11:02
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT
JESSICA L. HARRIS

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Kona Kai Key Largo LLC

2. The Articles of Organization were filed on 12/22/2021 and assigned

document number L22000001746

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

no longer in business

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

X 
Signature

Zoran Zelenikovski

Printed Name

FILING FEE: \$25.00

2023 FEB 13 AM 11:00

RECEIVED