

h22000119462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

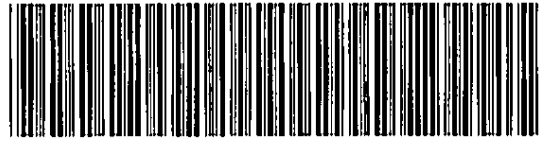
Certified Copies _____ Certificates of Status _____

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Q. SILAS

MAY 17 2022

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04/12/22--01014--007 **25.00

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APR 12 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K. SYM TRANSPORT 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:

KISHNER SYMONETTE

(Name of Person)

(Firm/Company)

6221 SW 195 AVE

(Address)

FORT LAUDERDALE FL 33332

(City/State and Zip Code)

For further information concerning this matter, please call:

KISHNER SYMONETTE

(Name of Person)

470

278-7295

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2022 APR 12 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

K.SYM TRANSPORT LLC

2. The Articles of Organization were filed on 03/09/2022 and assigned

document number L22000119462

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).

A circumstance that the operating agreement states causes dissolution.

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A circumstance that the operating agreement states causes dissolution.

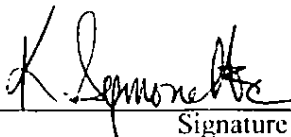
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

KISHNER SYMONETTE

6221 SW 195 AVE.

FORT LAUDERDALE FL 33332

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:


Signature

KISHNER SYMONETTE

Printed Name

FILING FEE: \$25.00