## L22000387655

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PICK-UP WAIT MAIL	
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(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	$\Box$
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Office Use Only



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DISSOLVED THE WRONG ENTITY.
WRONG DOCUMENT NUMBER

## **COVER LETTER**

TO:

Registration Section Division of Corporations



NATURAL KITCHEN DESIGN	LLC,
------------------------	------

	(Name of Limi	ted Liability Company)		
ne enclosed /	Articles of Dissolution and fee(s) are submi	tted for filing.		
case return a	all correspondence concerning this matter to	the following:		
	Rebii Metin Gorgee			
	(Na	me of Person)		
	Natural kitchen Design LLC			
	(Fir	ni/Company)		
	13142 Brians Creek Dr			
	(Address)			
	Jacksonville / Florida / 32224			
	(City/Sta	ate and Zip Code)		
r further info	ormation concerning this matter, please call	:		
Rebii Metin Gorgec		904 4166627 at()		
-	(Name of Person)	(Area Code & Daytime Telephone Number)		
closed is a che	eck 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 Address:		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

1. The name of a	a limited liability company is		4
NATURAL K	ITCHEN DESIGN LLC	<u> </u>	
2. The Articles of	of Organization were filed on 09	0/02/2022	and assigned
document nun	nber <u>L22000387655</u>		
Note: If the d	ffective date the dissolution if n (effective date cannot be prior to late inserted in this block does not no becument's effective date on the Dep	neet the applicable statutory:	filing: 10/15/2022  In date document is received for filing)  filing requirements, this date will not be
4. A description 605.0707, Flor	of occurrence that resulted in the	e limited liability company back cover letter).	y's dissolution pursuant to section
Have	on other com	vone in the	some activity
dont	need this one.		, 
5. If there are no activities and a	members, enter the name and a	ddress of the person appoi	nted to wind up the company's
	<del></del>	<del></del> .	
<ol><li>Signature of a above to wind up</li></ol>	n authorized person or if there a the company's activities and af	re no members, the signatu fairs:	ure of the person appointed and listed
	111144		
/.		Rebii Metin Gorgeo	
$\mathcal{U}$	sidning.	Pr	rinted Name

FILING FEE: \$25.00