

L22000520199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

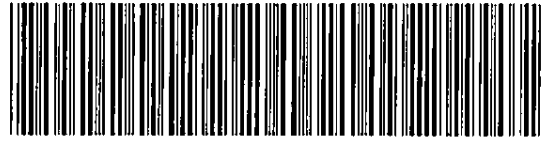
(Document Number)

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FILED  
2024 DEC 16 AM 6:57  
CLERK OF STATE  
TALLAHASSEE, FL

13

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **KLAS CONSTRUCTION, 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:

**Luis Araujo**

(Name of Person)

(Firm/Company)

**10620 NW 88th St, Apt 211**

(Address)

**Doral, FL 33178**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Luis Araujo**

(Name of Person)

at **786 637.7732**

(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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**FILED**

1. The name of a limited liability company is

KLAS CONSTRUCTION, LLC

2024 DEC 16 AM 6:57

2. The Articles of Organization were filed on 12/12/2022

SECRET and assigned to STATE  
TALLAHASSEE, FL

document number L22000520199

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

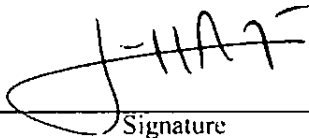
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Voluntary Dissolution by the only Member of the LLC.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Luis Araujo - 10620 NW 88th St, Apr 211, Doral FL 33178

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

Luis Araujo

Printed Name

**FILING FEE: \$25.00**