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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

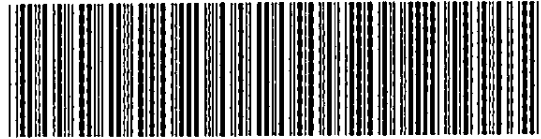
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIRKE 18-20, 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:

LAWRENCE JAY DAVIS

(Name of Person)

LAWRENCE JAY DAVIS, P.A.

(Firm/Company)

1601 North Flamingo Road, Suite One

(Address)

Pembroke Pines, Florida 33028

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

LAWRENCE JAY DAVIS

(Name of Person)

at (954)

437-3444

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution
Check was previously submitted

☐ \$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**

1. The name of a limited liability company is
KIRKE 18-20, LLC

2. The Articles of Organization were filed on JANUARY 18, 2024 and assigned
document number L24000036778

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).

THE INTENDED PURPOSE FOR THE FORMATION OF THIS ENTITY IS NO
LONGER APPLICABLE AND THE ENTITY IS NO LONGER NEEDED.

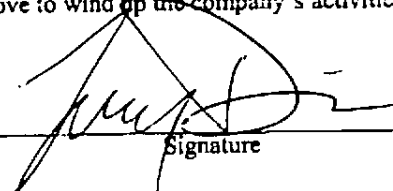
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: LAWRENCE JAY DAVIS

LAWRENCE JAY DAVIS, P.A.

1601 North Flamingo Road, Suite One

Pembroke Pines, Florida 33028

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

LAWRENCE JAY DAVIS

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FL

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