

L240002334188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

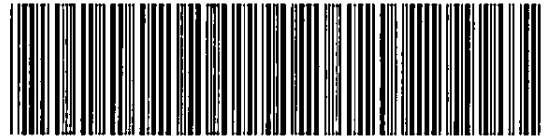
(Document Number)

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J. HORNE  
AUG 14 2024

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FILED  
2024 AUG -2 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kobrah Enterprises 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:

Carl Bond

\_\_\_\_\_  
(Name of Person)

Kobrah Enterprises LLC

\_\_\_\_\_  
(Firm/Company)

353 Lime Way

\_\_\_\_\_  
(Address)

Interlachen, Fla. 32148

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Butch Bond

386

983-1033

at ( )

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(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  
2024 AUG -2 PM 3:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Kobrah Enterprises LLC

2. The Articles of Organization were filed on 5-29-2024 and assigned

document number L2400023348

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).

this government doesn't seem to know when to help rather than hinder.

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

Carl Bond

353 Lime Way

Interlachen, Fla. 32148

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:

Carl Bond  
Signature

CARL BOND

Printed Name

**FILING FEE: \$25.00**