

M08000004807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

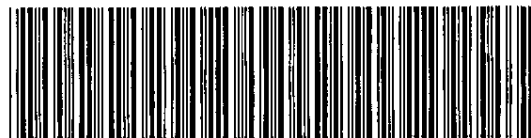
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DATE: 2/24/16

NAME: KONO EQUIPMENT AND DISTRIBUTION, LLC

TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attache

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KONO EQUIPMENT AND DISTRIBUTION, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Rodriguez

(Name of Person)

Triad Professional Services

(Firm/Company)

1720 Windward Concourse, S. 390

(Address)

Alpharetta, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Rodriguez

(Name of Person)

at 770 777-2091

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

KONO EQUIPMENT AND DISTRIBUTION, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

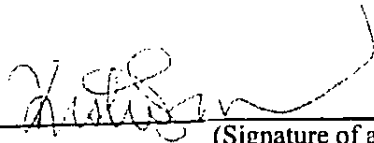
10/30/2008

(Date registered with Florida Department of State)

M08000004807

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Kristen Fancher

(Typed or printed name of signee)

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Filing Fee: \$25.00