MOSCOCOUSON

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
701					

Office Use Only



900282392019

NOT WITHOUT SUFFICIENCE & CHING WELF UP.

16 FEB 24 PM 2: 22

RECEIVED

TALLAHASSEE, FLORIES

FEB 2 9 2016 S. YOUNG

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/24/16

NAME:

KONO EQUIPMENT AND DISTRIBUTION, LLC

TYPE OF FILING: DISSOLUTION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

16 FEB 24 PH 1: 27



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2016

FLORIDA FILING & SEARCH SERVICES, INC

SUBJECT: KONO EQUIPMENT AND DISTRIBUTION, LLC

Ref. Number: M08000004807

We have received your document for KONO EQUIPMENT AND DISTRIBUTION, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 416A00003895

please keep orginal fle date. Thanks!

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO:		istration ision of C	Section Corporations		
SUBJE	ст.	KONC	EQUIPMENT AND	DISTRIBUTION,	LLC
SUBJE	C 1.		(Name of For	eign Limited Liability	Company)
Dear Sir	rori	1adam:			
The enc	lose	l withdra	wal and fee(s) are submitted	i for filing.	
Please r	eturn	ail corre	spondence concerning this	matter to the following	:
Karer	n Ro	drigue	z		
	_		(Name of Person)		_
Triad	Pro	fessior	nal Services		
			(Firm/Company)		_
1720	Wir	ndward	Concourse, S. 390		
			(Address)		-
Alpha	rett	a, GA	30005		
			(City/State and Zip Cod	e)	-
For furt	her i	nformatic	on concerning this matter, p	lease call:	
Karer	n Ro	odrigue	z	770	777-2091
		(Na	me of Person)	(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			
Enclose	ed is	a check	for the following amount:		
2 \$25	Filin	g Fec	\$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status &

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)	
M0800004807	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
William)	
(Signature of authorized representative)	
Kristen Fancher	6 F1
(Typed or printed name of signee)	FEB 24 P

Filing Fee: \$25.00