

P15000000670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

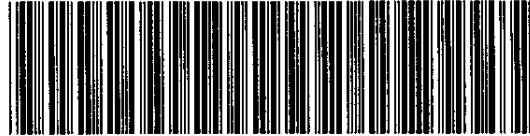
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400280108134

12/21/15--01017--003 \*\*30.00

03/29/16--01020--015 \*\*13.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 25 AM 11:24

MAR 31 2016  
C LEWIS

December 16, 2015

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dissolution of LLC  
Kenzie Mark Haage PA  
Document # P15000000670  
Issue date 01/02/2015

Dear Sirs

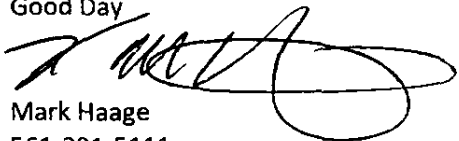
Enclosed please find \$25.00 dissolution processing fee. I can be reached at

K. M. Haage  
455 NE 5<sup>th</sup> Ave, D149  
Delray Beach, FL 33483

561-291-5111

Thank you for your timely assistance.

Good Day

A handwritten signature in black ink, appearing to read 'Mark Haage', with a large, stylized loop at the end.

Mark Haage  
561-291-5111



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 22, 2015

K.M. HAAGE  
455 NE 5TH AVE D149  
DELRAY BEACH, FL 33483 US

SUBJECT: KENZIE MARK HAAGE, PA  
Ref. Number: P15000000670

We have received your document for KENZIE MARK HAAGE, PA and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$13.75 is due.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 315A00026797

RECEIVED  
16 MAR 25 PM 3:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

**DOCUMENT NUMBER:** P15000000670  
\_\_\_\_\_

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

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

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

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

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|---|

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
KENZIE MARK HAAGE PA

SECOND: The document number of the corporation (if known): P15000000670

THIRD: The date dissolution was authorized: 12-16-15

Effective date of dissolution if applicable:  
(no more than 90 days after dissolution file date)

**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.

FOURTH: Adoption of Dissolution (CHECK ONE)

- ☐ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- ☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

KENZIE MARK HAAGE  
(Typed or printed name of person signing)

President  
(Title of person signing)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 25 AM 11:24

**Filing Fee: \$35**

**Notice of Corporate Dissolution**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 25 AM 11:24

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: \_\_\_\_\_

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

---

---

---

---

---

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

---

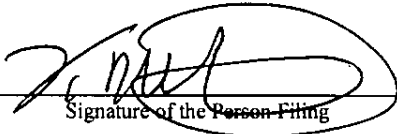
---

---

---

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

KEORIE MARK HUGHES  
Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**