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(Re	equestor's Name)				
(Ac	(Address)				
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(, ic	141000)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
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Certified Copies	Certificates	of Status			
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Special Instructions to	Filing Officer:				
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COVER LETTER

Registration Section

Division of Corporations				
SUBJECT: Who's Kickin' LLC				
(Name of Limited Liability Co	ompany)			
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to	:			
Michelle von der Goltz (Contact Person)				
(Firm/Company)	_			
50 Alhambra Cir. #103				
Coral Gables, FL 33134 (City/State and Zip Code)	_			
For further information concerning this matter, please call	l:			
	5104135			
(Name of Contact Person) (Area Cod	le & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy			
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			

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

2. This limited liability company was organized under the laws of: Florida 3. The Florida document/registration number of this limited liability company is: LOGODO 1980 >- 4. I, Michelle von der Goltz (Print Name of Person Resigning) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required)		limited liability company as no's Kickin' LLC	it appears on the records of the	Florida Department
4. I, Michelle von der Goltz, hereby resign as a Partner (Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required)		oility company was organized	under the laws of:	
(Print Name of Person Resigning) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required)	3. The Florida doc	ument/registration number of 011980 —	this limited liability company	is:
resignation in writing. Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required)	/		, hereby resign as a Par	tner (Print Title)
Filing Fee: \$25.00 (Required)			limited liability company has	been notified of my
The state of the s	Signature of Res	igning Member, Managing M	ember or Manager	
The state of the s	EW E	#25.00 (P)		
CCHHCG CODY. 3 YO.UU IUMAONA)	Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		