## L17000162633

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## **COVER LETTER**

Division of Corporations KKANFER ILC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Kim Kanfer (Contact Person) KKANFER LLC (Firm/Company) 837 Woods Landing Drive (Address) Minneola, Fl 34715 (City/State and Zip Code) For further information concerning this matter, please call: Richard Kanfer 631 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it app	ears on the records of the Florida Department
2. The Florida doc L17000162633	ument/registration number assigned	I to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned	or will withdraw/resign is:
4. I,		
(Print N	lame of Person Resigning)	
AMBR		
<del></del>	(Print Title)	
resignation in wr	• •	ed liability company has been notified of my
<del></del>	\$25.00 (Required) \$30.00 (Optional)	