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COVER LETTER

Division of Corporations
SUBJECT: SWIM KVV LLC (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:
Valeriy KrishtaL
(Contact Person)
Swim KVV LLC (Firm/Company)
(Firm/Company)
3530 Mystic Pointe Dr. apt 1603
aventura, Fl, 33180 (City/State and Zip Code)
For further information concerning this matter, please call:
Olena Krishtal at (486) 613 28 66 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 22 \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

TO: Registration Section

CR2E079 (2/14)

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 2

(Pursuant to 605.0216, Florida Statutes)

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