## LZO 000 Z68498

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
·	,	
Certified Copies	Certificates of	Status
	_	
Special Instructions to	Filing Officer:	





000352070590

09/21/20--01015--013 \*\*25.00





## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Kasperland Holdings, LLC	
(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociate	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Jared Gaylord	
(Contact Person)	
Marc R. Gaylord, P.A.	
(Firm/Company)	<del></del>
12000 SE Dixie Highway	
(Address)	<del></del>
Hobe Sound, Fl. 33455	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Jared Gaylord	772 545-7740 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
	☐ \$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

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of th	limited liability company as it appears on the records of the Florida Department
of State is: Kasp	erland Holdings, LLC, a Florida limited liability company
2. The Florida doo L20000268498	ument/registration number assigned to this limited liability company is:
4. I, John Kasper	ember/manager withdrew/resigned or will withdraw/resign is:  September 14, 2020  , hereby withdraw/resign as a  lame of Person Resigning)
Manager and Me	
Docusioned by:	bility company and affirm the limited liability company has been notified of my iting.  Significant the limited liability company has been notified of my iting.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)