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PICK-UP	WAIT	MAIL
(Business Entity Name)		
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(D _c	ocument Number)	
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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15 MAR 19 PH 12: 45
SECRETARY OF STATE
AND AHASSEE. FLORID!

T. LEMIEUX

COVER LETTER

TO: Registration Section	·
Division of Corporations	
SUBJECT: LALLERY (Name of L	PRISTINE LLC imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernir	g this matter to:
Contact Person)	
(Contact Person)	
EASY LIVING US. (Firm/Company)	<u>4</u>
3655 CORTEZ RD N (Address)	
(Address)	
BRADENTON /FL 31 (City/State and Zin Code)	1209
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
LINDA VOTPYBOVA	at (<u>94/</u>) <u>840 - 3/88</u> (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

15 MAR 19 AM 11: 59

February 26, 2015

LINDA VOTRYBOUA 3655 CORTEZ RD W BRADNETON, FL 34209

SUBJECT: 3M KRAL, LLC Ref. Number: L12000040192

We have received your document for 3M KRAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 715A00004100



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 the limited liability company as it appears on the rec	ords of the Florida Department
of State is: 3M KRAL LLC	
2. The Florida document/registration number assigned to this limited	l liability company is:
L12 0000 40 192	
3. The date this member/manager withdrew/resigned or will withdra	w/resign is: <u>Dec . 27/26/4</u>
4. I, URI FYACHULA , hereby withdra (Print Name of Person Resigning)	
MANA GER (Print Title)	
of this limited liability company and affirm the limited liability corresignation in writing.	mpany has been notified of my
Lin Juce	19 ARY ASSE
Signature of Dissociating Member or Resigning Manager FLORITE STATE STATE STATE FLORITE FLORITE	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	45 RIDA