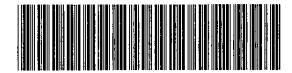
.LISOOO137254

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
FECEIVED 16 NOV -7 PH 5: 48 WANTED STATE WANTED STATE

Office Use Only



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D. SCOTT DEC 2 9 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2016

ZENA ARMELLA 8147 WESTFIELD CIR VERO BEACH, FL 32966

SUBJECT: KINGENTA, LLC Ref. Number: L15000137254



We have received your document for KINGENTA, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 016A00023950

FILED

16 DEC 27 PH 2: 24

SECRETARY OF STATE
SECRETARY OF STATE
ORDON

COVER LETTER

Divisio	on of Corporations	
SUBJECT:	kingenta, 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:

Marcel Barbier
(Contact Person)

8147 Westereld Circle

(Address)

Vero Beach th 32966

For further information concerning this matter, please call:

Harcel Balare at (186) 252-6442

(Name of Contact Person) (Area Code & Dayume Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\sumset\$ \$\\$\\$25 \text{ Filing Fee & Certified Copy}\$\$

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

with you

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

CR2E079 (2/14)

TO:

Registration Section



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 records of the Florida Department
of State is:	xingenta, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L150	040137254
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: 11 11 16
4. I, <u>Zenc</u>	hereby withdraw/resign as a
(Print N	lame of Person Resigning)
Mer	nber
-	(Print Title)
	$\sum_{i=1}^{N} \langle \mathbf{o}_i \rangle$
of this limited lia	bility company and affirm the limited liability company has been notified of my
resignation in w	Ming. 全面 宮 ユ
	ASSET 27
Signature of D	issociating Member or Resigning Manager
	9 元 2
Filing Fee:	\$25.00 (Required) with 400
Certified Conv	\$30.00 (Optional)