

(Re	equestor's Name)	
(Ad	(dress)	
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(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to Filing Officer:		
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Office Use Only



500038376925

07/02/04--01027--024 **190.00

Workers

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

V. Nikolaevich Kudlay I,	MGR hereby resign as
	(Title)
Kilaris U.S., L.L. of	C. "
(Limited Liabil	ity Company)
a limited liability company organized under the la	ws of the State of Florida,
and affirm that the limited liability company has b	een notified in writing of the resignation.
Syged	
(Signature of resigning manager.	managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314