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(Requestor's Name)			
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: KRX IIC (Name of Limited Liabil)	ity Company)			
Dear Sir or Madam:				
The enclosed Resignation of Member, Managing Member	or Manager and fee(s) are submitted for filing			
Please return all correspondence concerning this matter to	the following:			
Elisa Brinkwoffh				
(Name of Person) KRX II C (Firm/Coinpany)				
P.O. Box 310433				
(Address) May FL 3313 (City/State and Zip Code)	1			
For further information concerning this matter, please call:				
Manne of Person) Style="block" Style="blo				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	☐\$55 Filing Fee & Certified Copy			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	Be4,	Brinkworth, hereby resign as Mbk	<u>'M</u>
of	KRX	, llc (Title)	
		(Limited Liability Company)	
a limi	ted liability con	mpany organized under the laws of the State ofForiag	<u></u>
and af	Firm that the li	mited liability company has been notified in writing of the resigna	ation.
		gnature of reagning manager, managing member or member)	DIVISION OF C
			POF STATE HE SORPORATIONS

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