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(Requ	iestor's Name)	·
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer	
Special instructions to i	ing Officer.	

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FILED

11/14/1805

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Killy Investments (Name of Limited Liability Co		
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.	
Please return all correspondence concerning this matter to) :	
Gabriel Lievano (Contact Person)		
Willy Investments (Firm/Company)	- DOAB P 5	
2700 North Ocean Dr. #2	006B D C	
Singer Island, FL 334 (City/State and Zip Code)	<u>+04</u>	
For further information concerning this matter, please call	1:	
(Name of Contact Person) at (954)	de & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$25 Filing	Department of State for: ng Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section 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

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: Killy Investments, LLC 13
2. The Florida document/registration number assigned to this limited liability company is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/2018
4. I,
Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)