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J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations		,
	Division of Corporations		
SUBJ	ECT: Kinard Investments, LLC		
30-0		ted Liability Co	mpany)
The en	nclosed member, resignation or dissocia	ition and fee(s) are submitted for filing.
Please	return all correspondence concerning t	his matter to:	
John	R. Stiefel, Jr.		
	(Contact Person)	,	
Timot	thy P. Kelly, P.A.		
	(Firm/Company)		_
1016	LaSalle St.		
	(Address)		_
Jacks	sonville, FL 32207		
	(City/State and Zip Code)		_ ,
For fu	rther information concerning this matte	r, please call	
John	R. Stiefel, Jr.	904	399-3705
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section on of Corporations		Registration Section Division of Corporations
	n Building		P.O. Box 6327
2661 1	Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)



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 Florid	a Department
of State is: Kinard Investments, LLC	
2. The Florida document/registration number assigned to this limited liability compan	ıy is:
L05000037565	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Ju	ne 2,2017
4. I, Robert Trialia, hereby withdraw/resign as a (Print Name of Person Resigning)	•
Member (Print Title)	
of this limited liability company and affirm the limited liability company has been no resignation in writing.	ootified of my SECRET
Signature of Dissociating Member or Resigning Manager	-8 PR
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	3: 24 ORIDA