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Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690 2021 FEB - 2 PM 4: 47 SECRETARY OF STATE STAN ANY SEE, FL

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TO: Registration Section Division of Corporations				
KEE LO, INC.				
(Name of L	imited Liability Co	mpany)		
The enclosed member, resignation or disso	ociation and fee(s) are submitted for	r filing.	
Please return all correspondence concerning	ng this mátter to	:		
NORA MILLER, ESQ.			s 2 5	
(Contact Person)		_	121 F ECR TAL	
Gray Robinson, P.A.			ETA ETA	
(Firm/Company)	<u></u>	<u>···</u> ·	- >	
301 E. Pine Street, Suite 1400		_	2021 FEB -2 PM 4:47 SECRETARY OF STATE TALLAHASSEE, FL	
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Orlando, FL 32801				
(City/State and Zip Code)	<u></u> _	,		
For further information concerning this m	intter, please call			
Nora Miller	407- at (843-8880) le & Daytime Teleph		
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Enclosed please find a check made payab \$\mathbb{B}\$ \$25 Filing Fee		Department of States		
Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Corr The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810	

(((H21000045803 3)))



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 Starutes)

		appears on the records of the Flor	ida Department.
of State is: KEE-L	O, LLC		·
	nent/registration number assi	gued to this limited liability compa	any is 2 2021
L05090070962			2021 FEB - 2
3. The date this mem	bër/manager withdrew/resig	ned or will withdraw/resign is: Feb	
4. I, Mark Elizot	ne of Person Resigning)	, hereby withdraw/resign as a	PH 4: 47 OF STATE SSEE, FL
(Print No.) Manager	ne of Person Resigning)		TATE OF THE PERSON OF THE PERS
-	rint Title)	•	1.1
	, .	limited liability company has been	notified of my
resignation in writi	ing.		
mark Co	lier		
Signature of Diss	sociating Member or Resigni	ng Manager	
P. V.	reación mainte di		
Filing Fee: Certified Copy:	\$25:00 (Required) \$30.00 (Optional)		•
CR2F079 (2/14)			