# L0500091176

(Re	equestor's Name)				
(Address)					
(Ac	ldress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)	* : :			
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SECRETARY OF STATE

## COVER LETTER

TO: Registration Division of C					
SUBJECT:	Keena	nited Liability Company)			
	(Name of Lir	mited Liability Company)	-		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	er to the following:			
**** us - ug - t	Elias	Leongrad Devize, Esq. (Name of Person)	·		
III N. PINE Island Read, Sait 205 (Firm/Company)					
	Plan	tation, fc 33324			
	7 - 3.7	(Address)			
		(City/State and Zip Code)			
For further information concerning this matter, please call:					
Elias La	ongsd Osoysa.  c of Person)	at ( <u>984 ) 763-777</u> (Area Code & Daytin	ne Telephone Number)		
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee \$25.00 For hesignahay	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company  Keenan, LLC	as it appears on the records of	
	ility company was organiz o <i>rida</i>		
	ument/registration number	r of this limited liability compar	ıy is:
	bility company and affirm	, hereby resign as a n the limited liability company h	
Signature of Res	igning Member, Managing	g Member or Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		ZOOT AUG SECRET