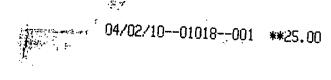
## L05 600/03/02

(Requ	uestor's Name)	<u> </u>		
(Addr	ess)			
(Address)				
(City/	State/Zip/Phone	9 #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Fi	ling Officer:			
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2010 APR -2 AM 11: 20
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

APR - 5 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: I) KS, LLL (Name of Limited Lie	ability Company)
The enclosed member, managing member or mana filing.	iger resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
Thomas S. Machou (Contact Person)	——————————————————————————————————————
Law Offices of Thomas M. (Firm/Company)	2010 APR -2 AM 11: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA O.
2018 East 7th Avenue (Address)	OF STATE E, FLORID
Tampa FL 33605 (City/State and Zip Code)	<del></del>
For further information concerning this matter, ple	ease call:
(Name of Contact Person) at (	Nrea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company as	it appears on the records of	the Florida Department
of State is:	DKS , LLC		T S 20 .
	,		LECR .
2. This limited liabi	lity company was organized	under the laws of:	20 0 APR -2 SECRETARY TALLAHASSI
Ŧ	lorida		100
			MIN: 28  OF STATE E. FLORID
3. The Florida docu	ment/registration number of	this limited liability compa	iny is: 등류 😮
L0500	0103102	*	,TP*
_			4.4
4. I, Thomas	s S. Martino ame of Person Resigning)	, hereby resign as a	Manager
(Print N	ame of Person Resigning)		(Print Title)
of this limited liab	pility company and affirm the	e limited liability company	has been notified of my
resignation in wri	ting.		
	X/	A Comment of the Comm	
Signature of Resi	gning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		
•	\$30.00 (Optional)		