L06000009734

(Requestor's Name)

_____
(Address)

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(Address)

_____
(City/State/Zip/Phone #)
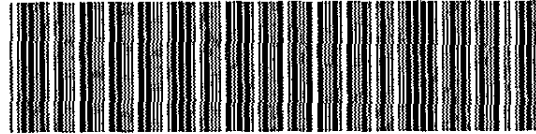
☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
            Division of Corporations

SUBJECT: Kiwi Capital, LLC
_____
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lina Wilder
_____
(Name of Person)

Kiwi Capital, LLC
_____
(Firm/Company)

2265 Brandon Road
_____
(Address)

Lakeland, FL 33803
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Lina Wilder   at (863) 686-3664
_____
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $25 Filing Fee   ☐ $55 Filing Fee &
                                    Certified Copy

CR2E079 (8/05)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Bruce W. Lyon _____, hereby resign as Managing Member
                                                              (Title)

of Kiwi Capital, LLC _____,
                        (Limited Liability Company)

a limited liability company organized under the laws of the State of Florida _____,

and affirm that the limited liability company has been notified in writing of the resignation.

_____
(Signature of resigning manager, managing member or member)

06 AUG 14 AM 11: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

FILING FEE IS $25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E079 (8/05)