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(Requestor's Name)				
(Address)				
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PICK-UP WAI	T ' MAIL			
(Business Entity	/ Name)			
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Special Instructions to Filing Officer	: 			
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M. THOMAS

OCT 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A & K Distributors, LLC (Name of Limited Liability)	Company)
(Table of Elithed Elability	Company)
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Alberto Alvarado	
(Contact Person)	
A & K Distributors, LLC	
(Firm/Company)	FE T
8170 NW 66th Street	FILED 2009 OCT -5 AM 10: 22 TALLAHASSEE, FLORID
(Address)	SSE
Miami, FL 33166	EST ST
(City/State and Zip Code)	22 ORIO
For further information concerning this matter, please c	all:
Alberto Alvarado at (786	346-3388
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	da Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as K Distributors, LLC	s it appears on the records o	of the Florida Depar	rtment 	
2. This limited liab	ility company was organized Orida	d under the laws of:			
3. The Florida doce L06000016	ument/registration number o	f this limited liability comp	oany is:		
_{4. I} , Yamil Kha	wain	, hereby resign as a _	MGRM		
(Print Name of Person Resigning)		, nereby resign as a	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability company	has been notified	of my	
Ago					
,	igning Member, Managing N	Member or Manager	2009 OCT -5 SECRETAR' TALLAHASSI	TI	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TARY OF STATASSEE, FLOR		