## 200037293

(Requestor's Name)			
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PICK-UP WAIT MAIL			
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(Document Number)			
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Special Instructions to Filing Officer:  A. LUNT			
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08/06/12--01025--029 \*\*25.00

## COVER LETTER

**Division of Corporations** The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter. SUBJECT: Holding KAE, LLC Leonardo Cipriani (Contact Person) Holding KAE, LLC (Firm/Company) 998 Bluewood Ter. (Address) Weston, FI 33327 (City/State and Zip Code) For further information concerning this matter, please call: Leonardo Cipriani (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **✓** \$25 Filing Fee \$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 32314 Tallahassee, Florida 32301

CR2E079 (5/06)

TO:

Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

ZUIZ AUG -6 EM IN GO SECRETARY OF STATE TALL AHASSEE, FLORIDA

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

	limited liability company as	it appears on the records o	f the Florida Department
of State is: Hol	ding KAE, LLC		·•
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida docu L06000037	ument/registration number of	this limited liability comp	any is:
<sub>4. I,</sub> Leonardo Cipriani		, hereby resign as a	/IGR
(Print Name of Person Resigning)			(Print Title)
of this limited lia	bility company and affirm the	e limited liability company	has been notified of my
resignation in wr	lated D.		
Signature of Resi	gning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		