100000092039

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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07 OCT -5 PH 1:42

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KB ENTERPRISES (Name of Limited)	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
JAMES SCROGGINS (Contact Person)	07 OCT -5 PH
(Firm/Company)	PH
3552 OSCIEDLA DE	1:43
MELBOURNE FL 3 (City/State and Zip Code)	2901
For further information concerning this matter, p	please call:
Name of Contact Person)	(321) 720 - 6261 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it appears on the record	ls of the Florida Department
2. This limited liabilit	ty company was organized under the laws of:	07 OCT -5
3. The Florida docum	ent/registration number of this limited liability co	mpany is:
4060000	92039	mpany is: PH 1: 43
•	SCROGGIAS, hereby resign as a set of Person Resigning) ity company and affirm the limited liability company.	a MANAGER . (Print Title)
Signature of Resign	ing Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (5/06)