

L070000004310

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

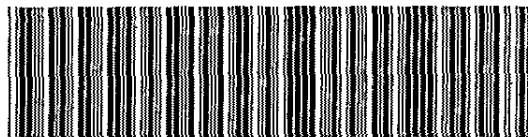
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400109217384

03/10/07--01059--002 \*\*55.00

SECRET  
DIVISION  
07 SEP 10 PM 3:00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** K & G SERVICES, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

JOSE PANTOJAS

(Contact Person)

K & G SERVICES, LLC

(Firm/Company)

12269 BENTON HARBOR DR. SOUTH

(Address)

JACKSONVILLE FL 32225 US

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE PANTOJAS

(Name of Contact Person)

at ( 904 ) 553-1031

(Area Code & Daytime Telephone Number)

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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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: K G SERVICES LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
Document Number L07000004310

4. I, GILDA NEGRON, hereby resign as a MEMBER MANAGER  
*(Print Name of Person Resigning)* *(Print Title)*

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

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

07 SEP 10 PM 3:00  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE  
FLORIDA