*L07000000277

(Re	questor's Name)
(Add	dress)	
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(City	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)
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EURETARY OF STATES

11 ANASSEE FLORIDA

KBALY EXAMINER EFB 22 2012



December 2, 2011

KALIANAS, LLC P.O. BOX 33190 INDIALANTIC, FL 32903

SUBJECT: KALIANAS, LLC Ref. Number: L07000010277

We have received your document for KALIANAS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 111A00027072

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kafranas, UC (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: (Contact Person)
7-Serges Coast to Coast, Corp
POBOX 33/96 (Address)
Indialantic, FL 32 903 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at 321, 890-9911 (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: MAILING ADDRESS:

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

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

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SECRETARY OF STATE.
FALLAHASSEE, FLORIDA

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 li	mited liability company as it appears on the records of the Florida Department
2. This limited liabili	ty company was organized under the laws of:
L07	nent/registration number of this limited liability company is:
4. I, (Print Nam	ne of Person Resigning), hereby resign as a Manager (Print Title)
of this limited liabil resignation in writi	hity company and affirm the limited liability company has been notified of my ng.
Signature of Resign	ning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)