

L070000090639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

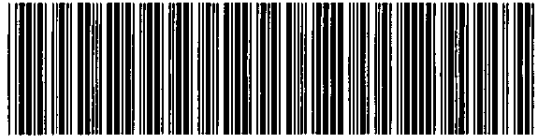
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100111485731

11/01/07--01027--004 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV - 1 PM 12:03

T. Hampton NOV 02 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kearns Sisters, 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:

Paige Kearns  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

120 Lakeside Villa Dr.  
(Address)

Hampton, GA 30228  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paige Kearns at (470) 309-6333  
(Name of Contact Person) (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 CORPORATIONSRESIGNATION 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: KEARNS Sisters, LLC

2. This limited liability company was organized under the laws of:  
Electronic Articles of Organization

3. The Florida document/registration number of this limited liability company is:  
LO7000090639

4. I, Paige Kearns, hereby resign as a managing member  
(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.

Paige Kearns  
Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV - 1 PM 12:03