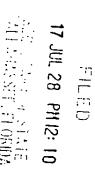
## T0800031J39

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S. WARREN AUG 0 2 2017

## **COVER LETTER**

Division of Corporations	
SUBJECT: K-NINE INDUSTRIAL PRO	OPERTIES I, LLC
	imited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
MARY VLASAK SNELL	
(Contact Person)	
PAVESE LAW FIRM	
(Firm/Company)	
1833 HENDRY STREET	
(Address)	
FORT MYERS, FL 33901	
(City/State and Zip Code)	<del></del>
For further information concerning this ma	atter, please call:
MARY VLASAK SNELL	239 336-6255
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee	e to the Florida Department of State for:  ■ \$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

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	s it appears on the records of the F ERTIES I, LLC	lorida Department
2. The Florida doci LO800003173	•	ssigned to this limited liability cor	mpany is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	JULY / 8,2017 
4. I.		, hereby withdraw/resign as	, hereby withdraw/resign as a
(Print N	'ame of Person Resigning)		
MANAGER			
	(Print Title)		
of this limited lia resignation in wr		he limited liability company has be	een notified of my
Change of D	issociating Member or Resig	mino Monagar	
aightaide of Di	issociating internoci of Resig	anng manager	
	\$25.00 (Required) \$30.00 (Optional)		17 JUL 28