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| (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: | | | | |
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Office Use Only



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JAN - 8 2013

T. HAMPTON

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, Florida 32301

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CR2E079 (12/13)

SUBJECT: King Management Group & Associates (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Peggy Fulford (Contact Person) King Management Group & Associates (Firm/Company) 2805 E Oakland Pk Blvd #247 (Address) Fort Lauderdale, FL 33306 (City/State and Zip Code) For further information concerning this matter, please call: at (954 Peggy Fulford (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: MAILING ADDRESS: Registration Section **Registration Section** Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | limited liability company as Management Group & A | • • | of the Florida Department | |
|------------------------------------|--|------------------------------|---|--|
| 2. The Florida docu L0800003941 | ument/registration number of | f this limited liability con | npany is: | |
| 3. The date this me | mber withdrew or will with | draw is: 12/15/2013 | <u> </u> | |
| 4. I, Reginald L Fulford | | , hereby resign as a MGRM | | |
| (Print Name of Person Resigning) | | | (Print Title) | |
| resignation in wr | bility company and affirm the iting. signing or Dissociating Ma | | ny has been notified of my | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | FIL 2014 JAN -2 SECRETAR TALLAHASS | |

CR2E079 (12/13)