## L08000045249

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700241480027

11/26/12--01026--008 \*\*70.00

2012 DEC 13 PM 1: 46
SECRETARY OF STATE
ANASSEE, FLORIDA



J. BRYAN

DEC 1 4 2012

**EXAMINER** 



November 27, 2012

MATTHEW BAKER KOR SOFTWARE LLC 37 N. ORANGE AVENUE ORLANDO, FL 32801

SUBJECT: KOR SOFTWARE LLC Ref. Number: L08000045249

FILED
2012 DEC 13 PH 1:46
SECRETARY OF STATE ASECRETARY SEE, FLORIDA

We have received your document for KOR SOFTWARE 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):

You completed the wrong form

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 412A00028184

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: KOR SOF	TWARE LLC ed Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
STEVEN SHAW (Contact Person)	2012 DEC 13 PH 1:46 SECRETARY OF STATE TALL AHASSEE, FLORIDS
KOR SOFTWARE (Firm/Company)	SSEE FL
37N ORANGE AVEN	UE NATE OF THE STATE OF THE STA
ORLAWDO FL 32 (City/State and Zip Code)	2801
For further information concerning this matte	r, please call:
STEVEN SHAW (Name of Contact Person)	at (530) 687 0210 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	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 (5/06)



## 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 liabili	ty company as it app	pears on	the records of	of the Florida Depart	ment
of State is:	KOR	SOFTWAY	<u> </u>	LLC		,
	ility company	was organized undo	er the lav	vs of:		
	_	tion number of this		iability com	oany is:	
	EW AF	FKEN esigning)	, hereby	resign as a _	MANA GER (Prini Tille)	
of this limited lial resignation in wr		y and affirm the lim	ited liabi	lity company	y has been notified o	f my
Mat	the XI	Sah				
Signature of Resi	igning Membe	r, Managing Memb	er or Ma	nager		
Filing Fee: Certified Copy:						
	-	,				