## L08000054197

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

S. HAWKES

OCT 29 2009

EXAMINER

## **COVER LETTER**

Division of Corpor		
SUBJECT:	KINTAT 20 (Name of Limited	Tでいいてのし Liability Company)
The enclosed member, ma	naging member or ma	anager resignation and fee(s) are submitted for
Please return all correspon	idence concerning this	s matter to:
CNRSTOF (Con	tact Person)	·
KINTATE (Firm	FO TECHNICAL,	uc
721 s	ddress)	oct
WALLAND (City/Sta	DAG BCACH, Fo	L 33009
For further information co	ncerning this matter,	please call:
CHUTOPHI (Name of Contac	L NOKLIJ at t Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a che \$25 Filin	ck made payable to thing Fee	he Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 3230	rcle	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 liability company as it	<b></b>
of State is: KINTATZO TEC	WHICK ICC
2. This limited liability company was organized un	nder the laws of:
FLORIDA	
•	_
3. The Florida document/registration number of th	is limited liability company is:
L08000054197	
	<del></del> ,
4. I, ARTHUR NERRMAN	, hereby resign as a MAMGING MCMBGR
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the li resignation in writing.	mited liability company has been notified of my
x Till him	8.8.09
Signature of Resigning Member, Managing Mem	nber or Manager
	-

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)