

L080000 77397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

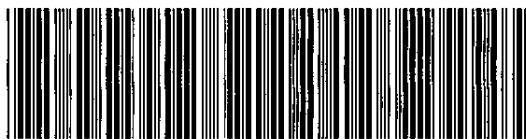
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300143763363

02/19/09--01010--029 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 FEB 19 PM 2:09

FILED

C. LEWIS

FEB 20 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kana, 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:

Yashik Dhulashia

(Contact Person)

Kana, LLC

(Firm/Company)

2669 Palmer Place

(Address)

Weston, FL 33332

(City/State and Zip Code)

For further information concerning this matter, please call:

Yashik Dhulashia

(Name of Contact Person)

at (954) 727 1919

(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



FILED

2009 FEB 19 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

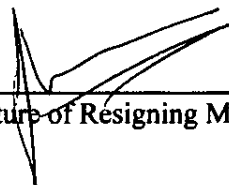
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Kana, LLC

2. This limited liability company was organized under the laws of:
State of Florida

3. The Florida document/registration number of this limited liability company is:
L08000077397

4. I, Sangeeta Dhulashia, 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.



Signature of Resigning Member, Managing Member or Manager

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