## 108000083412

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| , <i>,</i>                              |
| (City/State/Zip/Phone #)                |
| (Only/State/Zip/Fillshie #)             |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
ANALYSEF FLORIDA

T. CLINE
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EXAMINER

CR2E079 (5/06)

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: Kanan and Kanan, LLC  | C<br>nited Liability Company)   |
| The enclosed member, managing member of filing.  | r manager resignation and fee(s) are submitted for  |
| Please return all correspondence concerning  | this matter to:   |
| Pam Rush   |   |
| (Contact Person)   |   |
| Kanan and Kanan, LLC   |   |
| (Firm/Company)   |   |
| 13506 Summerport Village Park  | way #255  |
| (Address)  |   |
| Windermere FL 34786  |   |
| (City/State and Zip Code)  |   |
| For further information concerning this matt   | er, please call:  |
| Pam Rush   | at 407 702 3116   |
| (Name of Contact Person)   | at (407 ) 702 3116 AR R R R R R R R R R R R R R R R R R R   |
| Enclosed please find a check made payable to \$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 |



## 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: Kanan and Kanan, LLC  |
|---|--|
|   | 2. This limited liability company was organized under the laws of: Florida   |
|   | 3. The Florida document/registration number of this limited liability company is:  L08000083412  |
|   | 4. I, Rhonda Kanan , hereby resign as a MGRM (Print Name of Person Resigning) (Print Tille) (Print Tille)  |
| ( | of this limited liability company and affirm the limited liability company has been notified of affirm the limited liability company has been notified affirm the limited liability company has been notified affirm the limited liability company has b |
|   | Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)  |
|   | CR2E079 (5/06)   |