L08000096529

(Re	questor's Name)			
,	,			
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Oc	ocument Number)			
(50	, camene vanibor,			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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10/01

COVER LETTER

TO: Registration Section		•
Division of Corporations		·
K & M HANDLING, I SUBJECT:	LC	
	(Name of Limited Liability Co	mpany)
The enclosed member, resignation	on or dissociation and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to	:
KAREL ALVAREZ		
(Contact Person	on)	_
K & M HANDLING, LLC		
(Firm/Compa	ny)	_
PO BOX 523673		
(Address)		_
MIAMI, FL 33152		
(City/State and Zi	p Code)	-
For further information concerning	ng this matter, please call	:
Juan Perez	786 at (650-0202
(Name of Contact Person		e & Daytime Telephone Number)
Enclosed please find a check made	• •	•
■ \$25 Filing Fee	LJ 555 Filin	g Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
,		Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company :	as it appears on the record	ls of the Florida Department		
	ument/registration number	assigned to this limited lia	ability company is:		
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/i	October 27, 2020		
MARGARITA VALENCIA		•	, hereby withdraw/resign as a		
MGR					
	(Print Title)				
of this limited lia resignation in w		the limited liability compa	any has been notified of my		
MARGARITA	I VALENCIA	11/17/2020	2020 NOV 23		
_	sand (Required)	igning Manager	MII: 57 MY OF STATE ASSEE, FL		