

L09000050475

(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



000161028240

09/28/09--01056--022 **85.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 29 AM 11:37

T. HAMPTON

SEP 30 2009

EXAMINER

ff \$75.00
Cert \$30.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KQ HOLDINGS, 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:

James J. Martin, III

(Contact Person)

c/o Twin Management Group, Inc.

(Firm/Company)

13014 N Dale Mabry Highway, Suite 362

(Address)

Tampa, FL 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

James J. Martin, III

(Name of Contact Person)

at (813) 637.2330

(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

CR2E079 (5/06)

850 - 245 - 6051



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

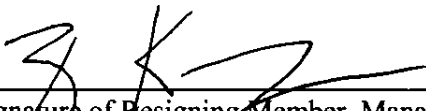
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: KQ HOLDINGS, LLC

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:
L09000050475

4. I, BRIAN KENNY, hereby resign as a MGRM
(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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 29 AM 11:37