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COVER LETTER

Division of Corporations
SUBJECT: Klaunual Research Laboratories, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Andrew R. Friedman (Contact Person)
Friedman Rosenwesser & Gildyaum, P.A. (Firm/Company)
284 Hotchiuon Rd In Manager Address) Address In Table 1
Paris Ky 40761
(City/State and Zip Code) For further information concerning this matter, please call:
(Name of Contact Person) at (859) 255-1944 (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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (12/13)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the F of State is: Klaumwell Research Laboratorie			
2. The Florida document/registration number of this limited liability company is:			
3. The date this member withdrew or will withdraw is: Felivery 10	20	(4	
4. I, Edmondo Catalfamo, hereby resign as a Management (Print Name of Person Resigning)	<u>a sel</u> Prini Tille	<u>/</u> -	·
of this limited liability company and affirm the limited liability company has be resignation in writing.	en notif	ied of	`my
Signature of Resigning Dissociating Manager, Member	F	2014	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	HASSEE FLORID	MAR 13 PM 4:4	TEO