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Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

Office Use Only



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P IL LU 19 DEC -1 AM 8: 25 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: K-LANI, LL	_C
(Name of Limited Lie	ability Company)
The enclosed member, managing member or mana filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
RICHARD FALCON	
(Contact Person)	
(Firm/Company)	
881 NEVADA DRIVE, NE	
(Address)	
PALM BAY, FL 32907	
(City/State and Zip Code)	ones call
For further information concerning this matter, ple	ease call:
RICHARD FALCON at (321 , 409-9194
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 of State is: K-LANI, LLC	the records of the Florida Department
2. This limited liability company was organized under the law	ws of:
3. The Florida document/registration number of this limited l L09000085028	iability company is:
4. I, GISSELLE BAYRON , hereby (Print Name of Person Resigning)	resign as a MGRM
of this limited liability company and affirm the limited liability resignation in writing. Signature of Resigning Member, Managing Member or Ma	
Filing Fee: \$\forall \$25.00 (Required) Certified Copy: \$30.00 (Optional)	OB DEC -1 AM SECRETARY OF TALLAHASSEE F