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TO JUNIA PH 2: 39

J. BRYAN

. UN 1 5 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: KAL LANESTMENTS	s uc
(Name of Limited I	Liability Company)
The enclosed member, managing member or marfiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	
Jason cours	
(Contact Person)	10 JUN 14 PH 2: 39
KML INVERMENTS LLC	A P
(Firm/Company)	7.5. 7.3 2.2. 3.3
400 CLYDE MORRIS BLYD STEB	
(Address)	<u> </u>
ORMOND BEACH FL 32174	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
	386) 615-1967
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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 lin	mited liability company as it	appears on the records	of the Florida	Department
of State is:k	ML INVESTMENTS LLC			·
2. This limited liabilit	ty company was organized u	nder the laws of: 	A CONTRACTOR OF THE PARTY OF TH	10 JUN 17 L
3. The Florida docum	ent/registration number of th	is limited liability com	npany is:	PH 2:39
4. I, WILLIAM	NAVARRA e of Person Resigning)	, hereby resign as a	MANAGING 1	1EMBER
·	ity company and affirm the li			•
LDD)_				
Signature of Resign	ing Member, Managing Men	nber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			