L09000 119324

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	3/22/21	
	Office Use Onl,	



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2021 HAR 22 PM 5: 23 SECRETARY OF STATE

4115/21



February 15, 2021

KIMBERLY ANNUNZIATA 1676 NW POINT COMFORT RD ENGLEWOOD, FL 34223

SUBJECT: KANNUN, LLC Ref. Number: L09000119324

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please provide the DATE OF DISSOCIATION on Line 3.

Completed and Initialed

Letter Number: 121A00003364

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	JECT: Kannun, LLC		
	(Name of Lin	nited Liability Co	empany)
The en	nclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	:
Kimbe	rly J Annunziata		
	(Contact Person)		_
Kannu	n, LLC		
	(Firm/Company)	<u> </u>	_
1676 N	New Point Comfort Rd		
	(Address)		
Englev	wood, FL 34223		
	(City/State and Zip Code)		_
For fu	orther information concerning this matt	ter, please call:	:
Kimbe	rly J Annunziata	770 at (8411520
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclo	sed please find a check made payable	to the Florida !	Department of State for:
	5 Filing Fee		
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
	rananassee, r E 32314		Tallahassee, FL 32303



FILED

2021 HAR 22 PM 5: 23

SECRETARY OF STATE
TALLAHASSEE, FL

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)

1. The name of th	te limited liability company as it appears on the records of the Florida Department
of State is: Kar	mun, LLC
2. The Florida do	cument/registration number assigned to this limited liability company is:
L09000119324	·
3. The date this:n	nember/manager withdrew/resigned or will withdraw/resign is: 12/31/2020
4. I,	, hereby withdraw/resign as a Name of Person Resigning)
Manager	
	(Print Title)
resignation in v	
Signature of l	Dissociating Member or Resigning Manager
~	\$25.00 (Required)
Certified Conv.	\$30.00 (Ontional)