## [1000006098]

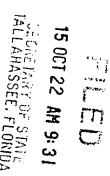
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## **COVER LETTER**

ons		
ings LLC		
(Name of Limited	d Liability Co	ompany)
nation or dissociati	on and fee(	(s) are submitted for filing.
nce concerning thi	s matter to	:
Person)		
ompany)		<del></del>
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erning this matter,	please call	:
а	239	207-0696
erson)		e & Daytime Telephone Number)
		Department of State for: g Fee & Certified Copy
RESS:		MAILING ADDRESS:
		Registration Section
		Division of Corporations
•		P.O. Box 6327 Tallahassee, Florida 32314
	(Name of Limited nation or dissociation nee concerning this matter,  and Zip Code)  erning this matter,  and arrson)  made payable to to to the concerning this matter.	ings LLC  (Name of Limited Liability Contation or dissociation and feet name concerning this matter to Person)  ompany)  ess)  at ( erson)  (Area Code)  made payable to the Florida  \$55 Filin

Tallahassee, Florida 32301

CR2E079 (2/14)



## 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)

	Kam Holdings, LLC	it appears on the records of the Florida I	-
2. The Florida doo L1000006098	_	ssigned to this limited liability company i	is:
3. The date this m 4. 1, Carolyn A. M	ember/manager withdrew/res  McGlynn  Name of Person Resigning)	igned or will withdraw/resign is: 10円5/: 10円5/: 20   10円5/: 20   20   20   20   20   20   20   20	OCT 22 AM 9: 31
MGRM	(Print Title)	ORIDA	3
of this limited li- resignation in w		e limited liability company has been noti	fied of my
Carol	y. A. M. Glyn. Dissociating Member or Resig		
Signature of D	Dissociating Member or Resig	ning Manager	,
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)		