L1000077023

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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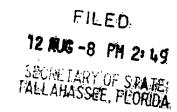
COVER LETTER

Division of Corporations
SUBJECT: Kep Bio Kei 5 (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Freddy A Martinez (Contact Person)
KEP BROKERS (Firm/Company)
9472 Strongbark LN
Orlando FL 32832 (City/State and Zip Code)
For further information concerning this matter, please call:
Fredh A. Mante of Contact Person) at (321) 682 98 42 (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 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

TO: Registration Section





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it appea	rs on the records o	f the Florida Depa	artment
of State is:	KEP BROKERS			·
2. This limited liab	oility company was organized under t	he laws of:		
	ument/registration number of this lim	iited liability comp	any is:	
_	0077023			
4.1, Freddy	A. May , nez , he	ereby resign as a	Managel (Print Title)	Member
of this limited lia resignation in wr	bility company and affirm the limited riting.	l liability company	has been notified	l of my
Signature of Res	igning Member, Managing Member of	or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			