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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: K& Contracting (Name of Limited)	LLC Liability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
CHRISTOPHER WCCDRMIC (Contact Person)	<u>k</u>
	10 NOV
(Firm/Company)	ASS
2743 AUGUSTINE CT. (Address)	ONOVIT PH 4: 44 SECRETARE OF STATE ALLAHASSEE, FLORID
DELTONA, FL. 32738 (City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
CHRISTOPHER MCCORMICK at ( (Name of Contact Person)	386) 868-8480 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: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations 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

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	lity company was orga			)00-32 <i>3</i> (	D-31
4.1, CHRISTO	ment/registration numb	·	10-000-3	- 230-31 <u>6wner</u>	<u> </u>
(Prini No	oility company and affin			(Print Litte	mem
Signature of Resignature	gning Member, Manag	ing Member	or Manager	Sk TAL	10
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			.URE JARY OF STA LAHASSEE, FLOI	10 NOV 17 PH 4: