

L11000039686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

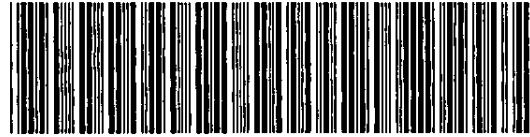
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Per*

Office Use Only



500250309205

08/05/13--01012--024 \*\*25.00

2013 AUG -5 AM 8:22  
STATE  
16-11-2013 11:09:14

J. SAULSBERRY  
EXAMINER

AUG 07 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KYT Services LLC  
(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:

Ernesto Sanchez

(Contact Person)

Aslan Tax Services Inc.

(Firm/Company)

762 SW 18TH Ave

(Address)

Miami, FL 33135

(City State and Zip Code)

For further information concerning this matter, please call:

Ernesto Sanchez at (305) 644-9144  
(Name of Contact Person) (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

2013 AUG -5 AM 8:22  
FILED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

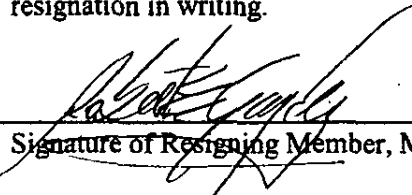
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Kyt Services LLC

2. This limited liability company was organized under the laws of:  
State of Florida

3. The Florida document/registration number of this limited liability company is:  
L11000039686

4. I, Robert E Gonzalez, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2013 AUG -5 AM 8:22  
FILED  
TALLAHASSEE, FLORIDA  
STATE