

L11000039686

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ASLAN TAX SERVICES INC  
Account Number : I20140000082  
Phone : (305)644-9144  
Fax Number : (786)477-5802

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KYT SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2018NOV-7 PM 4:57

Florida Department of State  
TALLAHASSEE, FL

2018NOV-7 AM 9:08

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KYT SERVICES LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

IRMA SERNA  
(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:

IRMA SERNA 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

CR2E079 (2/14)

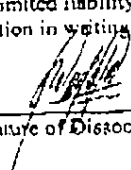


FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

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. The Florida document/registration number assigned to this limited liability company is:  
L11000039686
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/2018
4. I, WILFREDO TERAN, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
AMBR  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

CR26079 (2/14)

**FILED**  
2018 NOV - 7 AM 9:08  
SECTION OF STATE  
TALLAHASSEE, FL