L11000052731

(Re	questor's Name)				
· (Ad	dress)				
,	,				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



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MOA T 8 5013

D. BRUCE

COVER LETTER

TO: Registration Section				
Division of Corporations				
SUBJECT: KEY Investment Advisors (Name of Limited Liability Co	mnany)			
(Name of Elimited Elability Co	mpany)			
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are subm	itted fo	or	
Please return all correspondence concerning this matter to	:			
Kathleen E. Yonce				
(Contact Person)				
KEY Investment Advisors	_			
(Firm/Company)				
1840 North Dixie Highway	_	Eign Eign	2013 NOV 15	CHIC
(Address)			A0	57.00
Boca Raton, FL 33432				
(City/State and Zip Code)	_		PH 3:	i i
For further information concerning this matter, please call	:	ND III	6	ूर् _{विका}
Kathleen Yonce at (561	376-5438			
(Name of Contact Person) (Area Cod	e & Daytime Telephone Numb	per)		
Enclosed please find a check made payable to the Florida	•			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee Florida 3231	4		

CR2E079 (5/06)

Tallahassee, Florida 32301



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 Investment Advisors	• •	of the Florid	da Depa	ırtme	nt
2. This limited liabi	lity company was organized t	under the laws of:		grad a		
3. The Florida docu L11000052	ment/registration number of t	this limited liability comp	oany is:	ALLAHASSECT	2013 NOV 15 PM	
4. l, Walter G. E	Baum, II ume of Person Resigning)	, hereby resign as a	Managing (Print	g Mei Tale)		
	oility company and affirm the	limited liability company	/ has been n	notified	of m	У
Signature of Resi	gning Member Managing Me	ember or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					