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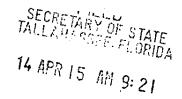
'APR 23 2014 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KKOT Associates, LLC	
(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociat	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
Scott Gordon	
(Contact Person)	
Quantum Mechanical, LLC	
(Firm/Company)	
1225 West Beaver Street, Suite 117	
(Address)	
Jacksonville, FL 32216	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
Scott Gordon	904 415-7920
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t □ \$25 Filing Fee	the Florida Department of State for: \$\bigs\tag{\textbf{\textit{T}}} \\$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 32314
Tallahassee, Florida 32301	

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)

	e limited liability company as it appears on the records of the Florida Department OT Associates, LLC
2. The Florida doc	tument/registration number assigned to this limited liability company is:
4. I, Scott Gordo	hember/manager withdrew/resigned or will withdraw/resign is: Mar 31, 2014 hereby withdraw/resign as a Name of Person Resigning)
Manager	vanie of Person Nesigning)
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)