

L11 000086625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

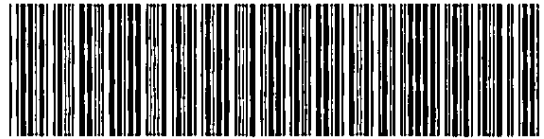
(Business Entity Name)

(Document Number)

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2012 DEC -8 PM 2:25
TALLAHASSEE, FL
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Koperu, 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:

Saifon Sombun
(Contact Person)

Koperu LLC
(Firm/Company)

1575 Pine Ridge Rd, Unit 9
(Address)

Naples FL 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

Saifon Sombun at (239) 451-9399
(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

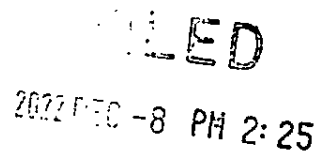
☒ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



STATE
ISSUE. FL

(Pursuant to 605.0216, Florida Statutes)

- 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

CR2E079 (2/14)