110000081436

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

12 JAN 10 PH & 08

COVER LETTER

TO: Registration Section	.
. Division of Corporations	
	•
SUP TECT.	11=4-1-
SUBJECT:	45KKS LLC
name	of Limited Liability Company
Dear Sir or Madam:	•
The enclosed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
- Linda Mo	Mus
Name of Person	
Firm/Company	
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	19 11.
I. Address	A A A A A A A A A A A A A A A A A A A
0 1	0
Ocala 7	V. 34470
City/State and Zip Code	•
	$\alpha \prime \prime \prime$
linda maples or	24 Qhetmail.com
E-mail address: (to be used for future annual rep	oort notificatio n)
For further information concerning this r	natter, please call:
7 ·	· ·
V / (mall	
- Justo Il Gleen	at (352) 572. 0435
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the follo	owing amount:
1X \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (5/08)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as it appo		
	FLORIDA.	the laws of:	
	ument/registration number of this li	mited liability company i	s:
4. I,	RISTINA Brown, 1 Name of Person Resigning)	nereby resign as a MA	NAGING MEMBER (Print Title)
of this limited lia resignation in w	bility company and affirm the limiteriting.	ed liability company has	been notified of my
	tira Brown		
Signature of Res	igning Member, Managing Member	or Manager	
	\$25.00 (Required) \$30.00 (Optional)		12 J SEC