L11000045673

(Requestor's Name)	
(Address)	800241403
(Address)	0002414030
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	11/05/128100801
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
100	17.5

Office Use Only

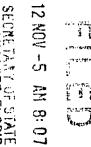
B. KOHR

NOV - 8 2012

EXAMINER



**25.00





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	KS MANAGEMENT LLC
of State is	
	The second secon
2 This limited liabi	lity company was organized under the laws of:
_	
FLORIT	/ /
3. The Florida docu	ment/registration number of this limited liability company is:
411000	095673
	
	a standardard
4. 1, <u>OCIVIE</u>	R HANNOUN, hereby resign as a MGRM: ame of Person Resigning) (Print Title)
(Print No	ame of Person Resigning) (Print Title)
of this limited liab	pility company and affirm the limited liability company has been notified of my
resignation in wri	ting.
Signature of Resignature	gning Member, Managing Member or Manager
-	
Filing Fee:	\$25.00 (Required) .
Certified Copy:	\$30.00 (Optional)

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OKS MANA GEMENT LLC EN (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Contact Person)
(Firm/Company)
11119 Blue CORAL Da. (Address)
BOCA RATON FL 33498 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (561) 929 5 5 0 / (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

\$25 Filing Fee

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Certified Copy

□ \$55 Filing Fee &

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

CR2E079 (5/06)