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(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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2013 NOV 12 PM 12: 42 SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kasner Management, LLC

(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:

Mohamed Kassamali

(Contact Person)

Kasner Management, LLC

(Firm/Company)

4995 SW 148th Ave

(Address)

Davie, FL 33330

(City/State and Zip Code)

For further information concerning this matter, please call:

Mohamed Kassamali

_#.954

304-7276

(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

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it ap ner Management, LLC	opears on the records of the	e Florida Department	
2. This limited liabil Florida	ity company was organized und	ler the laws of:	2013 NOV 1.2 SECRETARY: TALLAHASSEN	
3. The Florida docur L1100012547	nent/registration number of this	s limited liability company	PM 12: 42 OF STATE I. FLORIDA	
4. I, Soraya Kassamali , hereby resign as a Managing Member (Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member, Managing Member or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			