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2016 SEP -6 PM 5:

K. SALY EXAMINER

SEP - 7

COVER LETTER

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CR2E079 (2/14)

Division of Corporations	
SUBJECT: KelPo, LLC	
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	10:
Edward A. Pons, Jr	
(Contact Person)	
(Firm/Company)	•
948 Jenks Ave	
(Address)	
Panama City, FL 32401	
(City/State and Zip Code)	
For further information concerning this matter, please ca	all:
Edward A Pons, Jr 850	303-9541
	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee \$55 Fil	a Department of State for: ling 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





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)

1. The name of the of State is: Kelf	limited liability company as it appears on the records of the Florida Department Po, LLC
	ument/registration number assigned to this limited liability company is:
Lori C Bono	ember/manager withdrew/resigned or will withdraw/resign is: 8-25-16, hereby withdraw/resign as a fame of Person Resigning)
managing me	
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	Ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)