## L12000046054

(Requestor's Name)				
(Address)				
(Address)				
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SEGNETARY OF STATE
IALL ABASSEE FLOOR

C. LEWIS

MAY 18 2012

EXAMINER

## **COVER LETTER** ---

_	istration Section ision of Corporations	
SUBJECT		
	(Name of Limited	d Liability Company)
The enclose filing.	ed member, managing member or ma	anager resignation and fee(s) are submitted for
Please retur	n all correspondence concerning thi	is matter to:
ALVARO	O CASTILLO	•
	(Contact Person)	
ALVARO	CASTILLO B. P.A.	
	(Firm/Company)	
1390 BF	RICKELL AVENUE SUITE	200
	(Address)	
MIAMI F	LORIDA 33131	
	(City/State and Zip Code)	
For further	information concerning this matter,	please call:
ALVARO	O CASTILL'O	305 371-5540
	Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed pl	ease find a check made payable to the state of the state	he Florida Department of State for:  \$55 Filing Fee & Certified Copy
CTDEET#	COURIER ADDRESS:	MAILING ADDRESS:
Registration		Registration Section
_	Corporations	Division of Corporations
Clifton Bui	•	P.O. Box 6327
	itive Center Circle	Tallahassee, Florida 32314
Tallahassee	, Florida 32301	

CR2E079 (5/06)



## FILED 12 MAY 17 PM 12: 11

SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS

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

K GROUP INVESTMENTS		of the Florida Department
company was organized und	er the laws of:	
nt/registration number of this	limited liability con	npany is:
ER of Person Resigning)	, hereby resign as a	MANAGER (Print Title)
y company and affirm the lim	nited liability compar	ny has been notified of my
Town		
ng Member, Managing Memb	oer or Manager	
\$25.00 (Required) \$30.00 (Optional)		
	company was organized und nt/registration number of this LER  of Person Resigning)  y company and affirm the lim  ng Member, Managing Member,	company was organized under the laws of:

CR2E079 (5/06)