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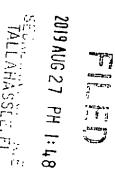
(Requestor's Name)				
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COVER LETTER

	egistration Section vision of Corporations				
SUBJEC [*]	K.G.J. PROPERTIES MAN	NAGEMENT, L	.L.C.		
		(Name of Limited Liability Company)			
The enclose	sed member, resignation or disso	ciation and fee(s	s) are submitted for filing.		
Please rett	urn all correspondence concerning	g this matter to:			
Christoph	her Smith				
	(Contact Person)		_		
Christoph	her D Smith PA				
	(Firm/Company)		_		
5391 Lak	ewood Ranch Blvd N 203				
	(Address)		_		
Sarasota	ı, FL 34240				
	(City/State and Zip Code)		_		
For furthe	r information concerning this ma	itter, please call:			
Chris Sm	nith	941 at (202-2222		
	(Name of Contact Person)		& Daytime Telephone Number)		
	please find a check made payable ing Fee				
Registration Division of Clifton Bu 2661 Exec	/COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)



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)

	e limited liability company as		of the Florida Department
2. The Florida doc L1200006160	ument/registration number a	ssigned to this limited lia	bility company is:
3. The date this m	ember/manager withdrew/res	signed or will withdraw/re	9/1/19 esign is:
4. I, Kimberly G. Jordinson , hereby withdraw/resign as a (Print Name of Person Resigning)			
(Print) managing me			
	(Print Title)		
of this limited lia resignation in w	ability company and affirm thriting.	ne limited liability compa	ny has been notified of my
Amberlein	Anchroin		2019 A
Signature of D	issociating Member or Resig	gning Manager	2019 AUG 27 PH 1:4 SIEGLIAINASSLE, FL
Filing Fee:	\$25.00 (Required)		PH SLE
Certified Copy:	\$30.00 (Optional)		