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| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | MAIT. | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

K. SALY FEB 2 8 2018

COVER LETTER

| - | stration Section sion of Corporations | | | |
|--|---------------------------------------|---------------------|---|--|
| SUBJECT: | M & K Management Prop | perties LLC | | |
| | (Name of Limited Liability Company) | | | |
| The enclosed | d member, resignation or diss | sociation and fee(| s) are submitted for filing. | |
| Please return | all correspondence concerni | ing this matter to: | | |
| Melinda Cu | ırley | | | |
| | (Contact Person) | | | |
| M & K Man | agement Properties LLC | | | |
| | (Firm/Company) | | | |
| 14206 Troll | man Street | | | |
| | (Address) | | w-w | |
| Spring Hill I | FL 34609-5282 | | | |
| | (City/State and Zip Code) | | | |
| For further in | nformation concerning this m | atter, please call: | | |
| Melinda Cu | rley | 352 at (| 263-3583 | |
| (N | ame of Contact Person) | | & Daytime Telephone Number) | |
| Enclosed ple \$25 Filing | ase find a check made payabl | | Department of State for: g Fee & Certified Copy | |
| Registration 3 Division of C Clifton Build 2661 Executi | Corporations | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |

CR2E079 (2/14)

K C





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)

| The name of the limited liability company as it appears on the records of the Florida Department of State is: M & K Management Properties LLC | | | | |
|--|-------------------------------|---|--|--|
| 2. The Florida do L120000896 | _ | signed to this limited liability company is: | | |
| 3. The date this m | nember/manager withdrew/resi | gned or will withdraw/resign is: | | |
| Kenneth Curley | | , hereby withdraw/resign as a | | |
| (Print | Name of Person Resigning) | | | |
| member / ma | anaging member | | | |
| | (Print Title) | | | |
| of this limited li- resignation in w | | limited liability company has been notified of my | | |
| Lemen | Deula | | | |
| Signature of D | Dissociating Member or Resign | ing Manager | | |
| Filing Fee: | \$25.00 (Required) | | | |
| Certified Copy: | \$30.00 (Optional) | | | |

Certified Copy: