## L12000102796

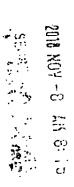
(Address)  (Address)  (Address)  (City/State/Zip/Phone #)  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Address)  (City/State/Zip/Phone #)  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Address)  (City/State/Zip/Phone #)  (Business Entity Name)  (Document Number)  (City/State/Zip/Phone #)  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  (Business Entity Name)  (Document Number)  (City/State/Zip/Phone #)  (Business Entity Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Document Number)  Certified Copies Certificates of Status
(Document Number)  Certified Copies Certificates of Status
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:
Special methodions to 1 ming emech.

Office Use Only



800320454888

11/08/18--01007--018 \*\*150.00



M. MILLIGAN

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJE	CT: KSGNF LLC		
	(Name of Li	mited Liability Con	ipany)
The enc	losed member, resignation or disso	ciation and fee(s	) are submitted for filing.
Please re	eturn all correspondence concerning	g this matter to:	
Fred H	arris		
	(Contact Person)	· · ·	-
Greent	perg Traurig		
	(Firm/Company)		-
101 E.	College Ave.		
	(Address)		-
Tallaha	assee, FL		
•	(City/State and Zip Code)		-
For furth	ner information concerning this ma	tter, please call:	
Fred H	arris	850	222-6891
	(Name of Contact Person)	_ \	& Daytime Telephone Number)
	d please find a check made payable filing Fee		epartment of State for: Fee & Certified Copy
Registra	T/COURIER ADDRESS:		MAILING ADDRESS: Registration Section
	n of Corporations Building		Division of Corporations P.O. Box 6327
2661 Ex	recutive Center Circle ssee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)

## DISSOCIATION OR RESIGNATION OF MEMBER FROM FLORIDA LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **KSGNF**, **LLC**.
- 2. The Florida document/registration number assigned to this limited liability company is: L12000102796.
- 3. The date this member withdrew/resigned is November 7, 2018.
- 4. I, Randy Cole, as Manager of After the Harvest, LLC, hereby withdraw After the Harvest, LLC as a member of this limited liability company and affirm the limited liability company has been notified of its withdrawal in writing.

After the Harvest, LLC

Randy Cole, Manager

2014 B- VON 8102