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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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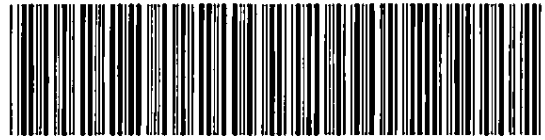
(Business Entity Name)

(Document Number)

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2018 NOV -8 PM 1:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS & CHARITABLE ORGANIZATIONS

M. MILLIGAN
NOV 09 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KSGNF LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Fred Harris

(Contact Person)

Greenberg Traurig

(Firm/Company)

101 E. College Ave.

(Address)

Tallahassee, FL

(City/State and Zip Code)

For further information concerning this matter, please call:

Fred Harris

at (850) 222-6891

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing 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

**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, **Dr. Jeffrey Postal**, as Manager of Medical Herbal Solutions, LLC, hereby withdraw Medical Herbal Solutions, LLC as a member of this limited liability company and affirm the limited liability company has been notified of its withdrawal in writing.

Medical Herbal Solutions, LLC



Dr. Jeffrey Postal, Manager

2018 NOV -8 AM 8:15
SECRETARY OF STATE
STATE OF FLORIDA