

| (Requestor's Name) | | | |
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| (Address) | | | |
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| (Address) | | | |
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| (City/State/Zip/Phone #) | | | |
| (Gity/State/Zip/Filone #) | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
| Cerumoates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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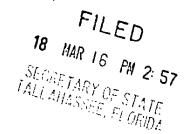
K. SALY MAR 1 9 2018

COVER LETTER

| Division of Corporations | |
|---|--|
| SUBJECT: Kelley Ventures LLC | |
| | nited Liability Company) |
| The enclosed member, resignation or dissoc | iation and fee(s) are submitted for filing. |
| Please return all correspondence concerning | this matter to: |
| Kevin P. Kelley | |
| (Contact Person) | |
| Kelley Collision Center | |
| (Firm/Company) | |
| 550 NE 1st Ave | |
| (Address) | |
| Hallandale Beach, FL 33009 | |
| (City/State and Zip Code) | |
| For further information concerning this matter | ter, please call: |
| Kevin P. Kelley | a. (|
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable ☐ \$25 Filing Fee | to the Florida Department of State for: \$\begin{align*} \begin{align*} al |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | 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)

| | limited liability compa | ny as it appears on the rec | cords of the Florida Department |
|--|--|-----------------------------|---------------------------------|
| 2. The Florida doct L1200014078 | - | per assigned to this limite | d liability company is: |
| 3. The date this me | mber/manager withdrev | w/resigned or will withdra | aw/resign is: |
| 4. I, | lley | , hereby withdr | raw/resign as a |
| President,Ge | | | thorizen Representativus |
| of this limited lia resignation in wr | • • • | rm the limited liability co | ompany has been notified of my |
| Signature of D | issociating Member or I | Resigning Manager | |
| _ | \$25.00 (Required) \$30.00 (Optional) | | |