Llacorano

(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	es of Status		
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JUN 15 2015 S. YOUNG

COVER LETTER

Division of Corporations		
SUBJECT: KZF Design Studio - Brooks Scarpa, a Joi	int Venture, LLC	
(Name of Limited Liability Com	npany)	
The enclosed member, resignation or dissociation and fee(s)) are submitted for filing.	
Please return all correspondence concerning this matter to:		
Joseph H. Morgan		
(Contact Person)	-	
KZF Design Studio		
(Firm/Company)	>92	귥
1401 Edgewater Drive	LLAN.	<u>_</u>
(Address)	333	-
Orlando, FL 32804	HG .	E E
(City/State and Zip Code)	ORI	بي ح
For further information concerning this matter, please call:) in i	_
Joseph H. Morgan / joe@kzforlando.com 407	298-1988	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D ■ \$25 Filing Fee □ \$55 Filing	epartment of State for: Fee & Certified Copy	
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)

	•	it appears on the records of the F carpa, a Joint Venture, LLC	lorida Department
	ument/registration number as	signed to this limited liability co	mpany is:
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:	June 8, 2015
4. I, Jeremy Williamson , hereby withdraw/resign as (Print Name of Person Resigning)			
Manager			
resignation in w		e limited liability company has b	een notified of my
	\$25.00 (Required) \$30.00 (Optional)		ILED 12 PM 3: 4 NRY OF STATE SSEE, FLORID