

UP200151027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

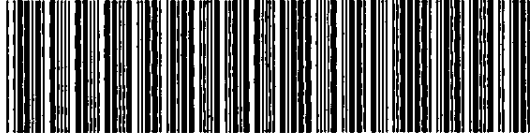
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/15/16--01001--029

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 MAR 14 PM 4:18

2016 MAR 14 AM 8:02
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

MAR 15 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kingz & Pharaohz, 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:

Michael Epstein

(Contact Person)

Kingz & Pharaohz, LLC

(Firm/Company)

3267 N.E. 168th Street

(Address)

North Miami Beach, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Epstein

(Name of Contact Person)

786

at ()

877-4723

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Kingz & Pharaohz, LLC

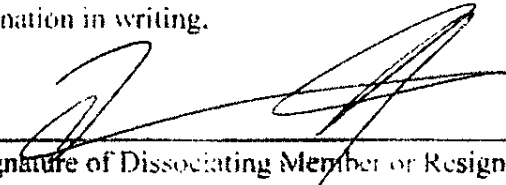
2. The Florida document/registration number assigned to this limited liability company is: L12000154027

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/25/16

4. I, Terrence S. Bennett, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Representative/Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

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SECRETARY OF STATE
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Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)