

L130000019804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

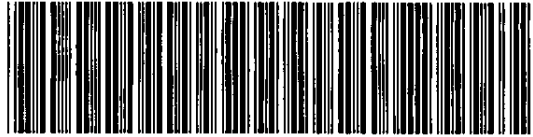
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600261781806

07/03/14--01017--028 \*\*25.00

FILED  
14 AUG 23 PM 4:06  
STATE PATENT & TRADEMARK OFFICE  
FALLSBORO, MASSACHUSETTS

LLC /mm/Resign.  
9-4-14  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2014

KELLERMAN ENTERPRISES LLC      2ND MAILING  
2492 NE MILDRED ST.  
JENSEN BEACH, FL 34957-5924

SUBJECT: KELLERMANN ENTERPRISES LLC  
Ref. Number: L13000019804

We have received your document for KELLERMANN ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

No Document Enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 714A00015621

RECEIVED  
14 AUG 28 PM 4:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KELLERMAN ENTERPRISES 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:

~~Rodger~~ KELLERMAN  
Rodger (Contact Person)  
  
(Firm/Company)

2492 NE MILDRED STREET  
(Address)  
JENSEN BEACH, FL 34957-5924  
(City/State and Zip Code)

For further information concerning this matter, please call:

~~Rodger~~ KELLERMAN at (772) 812-2736  
(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





FILED  
14 AUG 28 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: KELLERMANN ENTERPRISES LLC

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

L13 ~~0000~~ 19804

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

July 9<sup>th</sup> 2014

4. I, SUSAN C SLOAN, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAG MEMBER  
(Print Title)

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

Susan C Sloan

Signature of Dissociating Member or Resigning Manager

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