L13000062497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

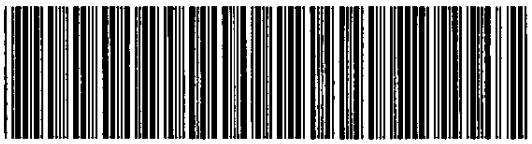
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500284694555

04/26/16--01008--015 **25.00

FILED
16 APR 26 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KERNS MANAGEMENT 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:

JAMES KERNS
(Contact Person)

KERNS MANAGEMENT LLC
(Firm/Company)

4801 S UNIVERSITY DRIVE STE 212
(Address)

DAVIE, FL 33328
(City/State and Zip Code)

FILED
APR 26 AM 11: 10

For further information concerning this matter, please call:

JAMES KERNS at (954) 668-1176
(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

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)

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

2. The Florida document/registration number assigned to this limited liability company is: L13000062497.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2016

4. I, TAMARA KERNS, hereby withdraw/resign as a
(Print Name of Person Resigning)

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

FILED
APR 26 AM 11:10

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

CR2E079 (2/14)