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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
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(0)	10: 1 7: 10:	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(50	omess Littly Har	ne,
(Do	cument Number)	•
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRIFICATE STATE
SECRIFICATE STATE

C.M 8-11-14

COVER LETTER

SUBJECT: KSG America LLC (Name of Limited Liability Company)	
(Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for fil	ing.
Please return all correspondence concerning this matter to:	75 ZS
Arthory Surber (Contact Person)	14 JUL 28 F
Low Offices of Anthony Suber (Firm/Company)	PH 3: 29 OF STATE
4809 Ehrkch Rd #101 (Address)	>
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (813) 908-68 (Area Code & Daytime Telephone	Number)
Enclosed please find a check made payable to the Florida Department of State for \$25 Filing Fee & Certified Copy	

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

TO:

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 lin	mited liability company as it appears on the records of the Florida Department
of State is:	KSG America, LLC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
L13000	0070826
3. The date this meml	ber/manager withdrew/resigned or will withdraw/resign is: 7-24-14
4. I, Clydees (Print Nam	re of Person Resigning)
(Pr	int Title)
of this limited liabil resignation in writin	ty company and affirm the limited liability company has been notified of my g.
Signature of Disc	osi Ming Mamber or Resigning Manager
Signature of Diss	ociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)