

L13000108579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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14 DEC 24 PM 3:39

DEC 30 2014
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAB Securities 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:

John DeVries

(Contact Person)

KAB Securities

(Firm/Company)

422 NW Dewburry Terrace

(Address)

Jensen Beach FL 34957

(City/State and Zip Code)

For further information concerning this matter, please call:

John DeVries

(Name of Contact Person)

at 772 260-7647
(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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 24 PM 3:39

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: KAB Securities LLC

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

L13000108579

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

4. I, KAREN A BARATTA, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEM

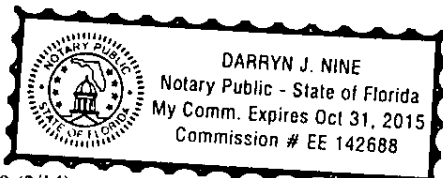
(Print Title)

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

Karen A. Baratta

Signature of Dissociating Member or Resigning Manager

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



CR2E079 (2/14)

State of FL
County of Martin

12/17/14

Acknowledged before me on
12/17/14 by Karen Baratta who
provided valid FID and signed
this document in my presence.

Darryn J. Nine