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(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
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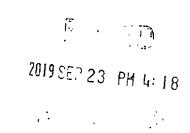
C. WHITE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: K & D MacTavish, LLC	
(Name of Li	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Karin Vangura	
(Contact Person)	
K & D MacTavish, LLC	
(Firm/Company)	
109 Teal Pointe Lane	
(Address)	
Ponte Vedra Beach, FL 32082	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Karin Vangura	904 451-4923
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Pagistration Section	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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)

	imited liability company as it appears on the records of the Florida Department
of State is:	MacTavish, LLC
2. The Florida docum L13000116216	ment/registration number assigned to this limited liability company is:
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:09/04/2019
	hereby withdraw/resign as a me of Person Resigning)
(Print Na	me of Person Resigning)
Manager	
()	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
X Quil	Vargue
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required)