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(Re	questor's Name)	
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SECRETARY OF STATE

ALL MASSEF FLORIDA

K. SALY FEB 27 2018

COVER LETTER

Division of Corporations M. I. K. ENTERPRISES, LLC **SUBJECT:** (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: MICHAEL KNABEL (Contact Person) M. I. K. ENTERPRISES, LLC (Firm/Company) 725 Mainsail Place (Address) Naples, Florida 34110 (City/State and Zip Code) For further information concerning this matter, please call: (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: **MAILING ADDRESS: Registration Section Registration Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO:

Registration Section





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)

	limited liability company as it appears on the records of the Florida Department. K. ENTERPRISES, LLC
2. The Florida doc L1300013376	ument/registration number assigned to this limited liability company is:
Alexandra N	ember/manager withdrew/resigned or will withdraw/resign is: 02/22/2018 ewman
4 . 1,	, hereby withdraw/resign as a lame of Person Resigning)
ividh	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
65	
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)