## L13000 135427

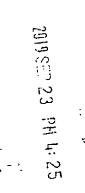
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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09. 23/19 HA 145 HAT # 4.5.0.



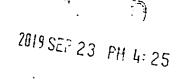
R. WHITE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
K & D Mackeral, LLC		
(Name of Limi	ed Liability Company)	
The enclosed member, resignation or dissocia	tion and fee(s) are subr	mitted for filing.
Please return all correspondence concerning t	his matter to:	
Karin Vangura		
(Contact Person)		
K & D Mackeral, LLC		
(Firm/Company)		
109 Teal Pointe Lane		
(Address)		
Ponte Vedra Beach, FL 32082		
(City/State and Zip Code)	<del></del>	
For further information concerning this matte	r. please call:	
Karin Vangura	904 451-49	923
(Name of Contact Person)	(Area Code & Daytim	ne Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Departmen □ \$55 Filing Fee & C	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, 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 fiability company	as it appears on the records of the F	lorida Department	
of State is: K&D	Mackeral, LLC			
2. The Florida docu	.ment/registration number	assigned to this limited liability cor	npany is:	
L1300013542	7			
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:	09/04/2019	
4.1. David J. Vangura  (Print Name of Person Resigning)		hereby withdraw/resign as:	hereby withdraw/resign as a	
(Print N	ame of Person Resigning)		••	
Manager				
	(Prou Tule)	•		
resignation in wr		the limited liability company has be	en notified of my	
Signature of Di	ssociating Member or Res	signing Manager		
Filing Fee:	\$25.00 (Required)			
Certified Convi	\$30.00 (Ontional)			