13000155647

_	(Requ	estor's Name)
	(Addre	ess)	
	(Addre	ess)	
	(City/S	State/Zip/Phor	ne #)
PICK-U	JP	MAIT	MAIL.
	(Busin	ess Entity Na	me)
	(Docu	ment Number)
Certified Copies		Certificate	es of Status
Special Instructio	ns to Fili	ing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
K J KINGFISHER, LLC SUBJECT:	
(Name of Limit	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
THOMAS A SMITH	
(Contact Person)	
SMITH, GRAHAM, ELLINGSWORTH & PECARO,	, PA
(Firm/Company)	
96 NE FOURTH AVENUE	
(Address)	
DELRAY BEACH, FL 33483	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
THOMAS A SMITH	561 276-7468 at ()
(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
Mailing Address:	Street Address:
Registration Section	Registration Section
Tananassee, rl. 32314	-
Enclosed please find a check made payable to \$\begin{align*} \text{Mailing Address:} \end{align*}	the Florida Department of State for: \$\sum \\$55 \text{ Filing Fee & Certified Copy}\$ Street Address:

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)

	limited liability company as it		f the Florida Department
2. The Florida docu L13000155647	ument/registration number assi	gned to this limited liabil	lity company is:
THOMAS A SNA	mber/manager withdrew/resign ITH Tame of Person Resigning)		
	(Print Title) bility company and affirm the	limited liability company	has been notified of my
resignation in wr			2022 FED 11,
	\$25.00 (Required) \$30.00 (Optional)		All Her