

#L13000156276

(Requestor's Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT - 8 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KOKOSKAA, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Interest Exchange and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRA MARCUS, Esquire  
Name of Person

IRA MARCUS, P.A.  
Firm/Company

1313 S. Andrews Ave  
Address

FORT LAUDERDALE, FLORIDA 33316  
City/State and Zip Code

ira@iramarcuspa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRA MARCUS at (954) 523-9696  
Name of Person Area Code Daytime Telephone Number

**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

**Important Notice:** If the interest exchange involves a limited liability company, as a condition of the interest exchange pursuant to s. 605.0212 (11), F.S. each party to the interest exchange must be active and current through December 31 of the calendar year the interest exchange being submitted to the Department of State for filing.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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: KOKOSKAA, LLC

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

L13000156276

3. The date this member/manager withdrew/resigned or will withdraw/resign is: September 24 2014

4. I, MONIKA CROUSE, hereby withdraw/resign as a  
(Print Name of Person Resigning)

managing member  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager  
MONIKA CROUSE

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