L17000 15FL54

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
(50	cament Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





900276497649

08/28/15--01029--015 **25.00



SEP 01 2015 J SHIVERS



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 Flori of State is: KC 825, LC	•
2. The Florida document/registration number assigned to this limited liability compa	iny is
L13000158654	75 A
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	AUG 28
4. I, Felicia Marin de Champero, hereby withdraw/resign as a (Print Name of Person Resigning)	
Message (Print Title)	8:38 5:1ATE 1:5RIDA
of this limited liability company and affirm the limited liability company has been resignation in writing.	notified of my
Jeliaa Zappaceil.	
Signature of Dissociating Member of Resigning Manager	
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)