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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
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Special Instructions to Filing Officer:	_
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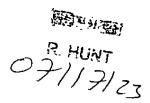
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COVER LETTER

TO:	Registration Section				
	Division of Corporations				
SUB.	JECT: KILLIAN COMMONS LLC				
	(Name of Li	mited Liability C	Company)		
The e	enclosed member, resignation or dissoc	ciation and fee	e(s) are submitted	for filing.	
Pleas	e return all correspondence concerning	g this matter to	o:		
Jorge	L. Fors, Esq.				
	(Contact Person)				
FORS	Attorneys at Law			င့်ချ	
	(Firm/Company)			: الله عنه الله الله الله الله الله الله الله ال	, • -
11081	Ponce de Leon Blvd.				
	(Address)			SSV ASSV	,
Coral	Gables, FL 33134			PM 9: 50 OF STATE SSEE, FL	, C
-	(City/State and Zip Code)			L STE	5
For fi	arther information concerning this mat	tter, please cal	II:		
Jorge	L. Fors, Esq.	305 at (448-5977		
	(Name of Contact Person)	_ · · \	de & Daytime Telep	phone Number)	
	osed please find a check made payable 5 Filing Fee		Department of Sting Fee & Certified		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Cou The Centre of T	rporations	
	Tallahassee, FL 32314		2415 N. Monro Tallahassee, FL	be Street, Suite 8: 232303	10

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)

	e limited liability company as	s it appears on the records of the	: Florida I)eparti	ment —·
2. The Florida doc L14000007274	ument/registration number a	ssigned to this limited liability c	ompany i	s:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is	07/13/23 s:		
Manual Martina	y Gomes	, hereby withdraw/resign a			
Manager					
	(Print Title)				
of this limited lia resignation in wr		he limited liability company has	been noti	fied of	ſmy
Hlon					
Signature of D	issociating Member or Resig	gning Manager	. ;	5653	
Filing Fee:	\$25.00 (Required)		gr em	٠.	
Certified Copy:	\$30.00 (Optional)		ARASSEE, F	17 PM 9:	W. And