

114000056372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

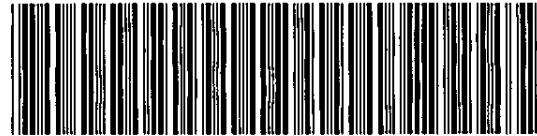
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: K. I. ONE MOTORS LLC.
(Name of Corporation)

DOCUMENT NUMBER: L14000056372

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Daniels
(Name of Person)

K. I. ONE MOTORS LLC.
(Name of Firm/Company)

139 Clearlake Rd. #3
(Address)

Cocoa FLORIDA 32922
(City/State and Zip Code)

For further information concerning this matter, please call:

Herby Beval at (305) 896-5678
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301



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14 APR 10 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: K. H. ONE MOTORS LLC.

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

L14000056372

3. The date this member withdrew or will withdraw is: 4-9-14

4. I, Michael Daniels, hereby resign as a MGR
(Print Name of Person Resigning) (Print Title)

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

Michael Daniels
Signature of Resigning or Dissociating Manager, Member

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