

L140000065211

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**DATE:** 11/6/14

**NAME:** KOSLOW KASTLES, LLC

**TYPE OF FILING:** DISSOCIATION OF MEMBER

**COST:** 55.00

**RETURN:** CERTIFIED COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Koslow Kastles, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

William Eilers

Name of Person

Eilers Law Group P.A.

Firm/Company

169 NE 43rd St.

Address

Miami, FL 33137

City/State and Zip Code

wreilers@eilerslawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Eilers

786

247-2624

Name of Person

at

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.

☐ \$25.00 Filing Fee

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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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(additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

**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: Koslow Kastles, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000065211

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/05/2014

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

MG&RM

(Print Title)

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

  
Signature of Dissociating Member or Resigning Manager

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