

L14000100927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

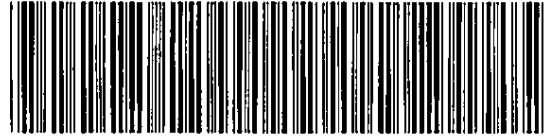
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 OCT -5 PM 3:34

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17 OCT -5 AM 9:05

CLERK OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

OCT 06 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KD Restaurants LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Andrew L. Sranjer  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

215 Delta Ct  
(Address)

Tallahassee FL 32303  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew L. Sranjer at (850) 386 1993  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**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




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: KD Restaurants LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L 14000100927
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Sept. 1, 2017
4. I, Kevin R. Flamm, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Member/Manager  
*(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)

FILED  
17 OCT -5 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA