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(Re	equestor's Name)						
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
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JAN 26 2016

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kenwood St Pete (Name of Limited Liability)	Apartments LL
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to:
Anthony Montanez (Contact Person)	
(Firm/Company)	
8119 36th Ave N	
St Peters burg FL 33	
For further information concerning this matter, please of	call:
Anthony Montanez at (72 Name of Contact Person) (Area (7) 479 - 5606 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori	
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

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)

1. The name of th	e limited liability	/ compar	ıv as it appe	ars on the re	cords of the	Florida	a Depa	ırtment
	Kenwood						_	
2. The Florida do	cument/registrati	on numb	er assigned	to this limite	ed liability c	ompan	y is:	
L 140	0011090	14						
3. The date this m	ember/manager	withdrew	v/resigned o	r will withdr	raw/resign is	: 1/2	22/	16
4. I, <u>Anthon</u> (Print	Monta Name of Person Res	igning)	,	nereby withd	raw/resign a	s a		
Mana	Print Title)	·	·					
	ability company			ed liability co	ompany has l	been no	otified	of my
	Ule	· 			_			
Signature of I	Dissociating Men	nber or R	esigning M	anager			2016 JAN 2	T
Filing Fee: Certified Copy:	\$25.00 (Rec \$30.00 (Opt	quired) tional)				TARY OF STATE	N 25 A 10:	