214000142549

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	,
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
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15 FEB 20 PM 12: 42

ECRETARY OF STATE

FEB 2 5 2015 T. CARTER

COVER LETTER

Division of Corporations
SUBJECT: Kush & Kuffee 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:
Anthony Box aporte (Confact Person)
Kish & Koff Pe LLC (Firm/Company)
855 Willie Mays PKLY
(City/State and Zip Code)
For further information concerning this matter, please call:
Anthony Bone Orde at (770) 7!!! 8353 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sqrt{\$25\$ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



FILED SECRETARY OF STATE TALLAMASSEE, FLORIDA

15 FEB 20 PH 12: 42

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 l	imited liability company as it appears on the records of the Florida Department	
of State is:	ish & Koffre UC	
2. The Florida docur	ment/registration number assigned to this limited liability company is:	
L14	000142549	
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:	
4.1, Michael	. 1	
<u> </u>	m 2/ Print Title)	
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.	
Hichael	d Packson	
Signature of Dis	sociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	