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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 2 6 2015 T. CARTER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Keepers Rus (Name o	f Limited Liability Company)
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to:
Eliot Imhoff (Contact Person)	
(Firm/Company)	
4550 W Sahara Ave	+1014
(City/State and Zip Code)	07
For further information concerning this	matter, please call:
Eliot Imhoff	at (850) 294-6825
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya \$25 Filing Fee	ble to the Florida Department of State for:  \$\square\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

**TO:** Registration Section



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JAN 20 AM II: 25

## 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:	eepers Business LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L140001	152200
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Eliot	ember/manager withdrew/resigned or will withdraw/resign is: 11/21/14  **OF 1/14/15 if I can't do previous  Vame of Person Resigning)  **None of Person Resigning**
	(Print Title)
	bility company and affirm the limited liability company has been notified of my
ELY	
Signature of D	issociating Member or Resigning Manager
Filing Fee:	
Certified Copy:	\$30.00 (Optional)