

114 000 168 400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

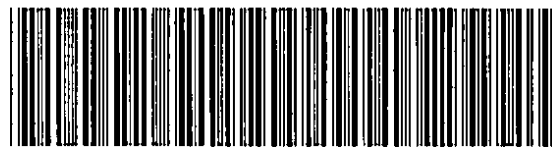
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/02/21--01034--001 \$450.00

2021 NOV -3 PM 1:01

Registration

NOV 29 2021

ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KING'S TREASURE 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:

MICHAEL LANGONE  
\_\_\_\_\_  
(Contact Person)

KING'S TREASURE LLC  
(Firm Company)

POST OFFICE BOX 385  
\_\_\_\_\_  
(Address)

PALM HARBOR, FLORIDA 34682

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(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL LANGONE at (727) 919-3143  
(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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2021/10/29 - 8 PM 1:01

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: KING'S TREASURE LLC

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

L14000168400

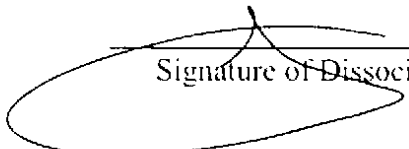
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/29/2021

4. I, JOSEPH TERMINI hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED MEMBER

*(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)