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(City/State/Zip/Phone #)

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(Business Entity Name)

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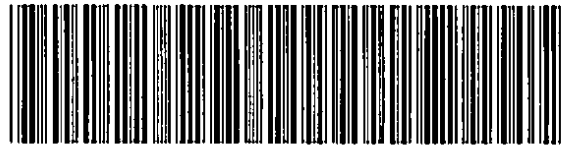
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JAN 10 2022

END

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KATO INVESTMENT OF FLORIDA 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:

PATRICIA PENA

(Contact Person)

TAX SOLUTIONS & BOOKKEEPING LLC

(Firm/Company)

7751 KINGSPORTE PKWAY STE 119

(Address)

ORLANDO , FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA PENA

(Name of Contact Person)

at (407) 930-0829

(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

KATO INVESTMENT OF FLORIDA LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

GUSTAVO ROMER

Typed or printed name of signee