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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL			
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(Business Entity Name)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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COVER LETTER

Division of Corporations			
SUBJECT: Kis to Kis Jacksonville			
(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:			
(Contact Person)			
Kinto Kin Jacksonville (Firm/Company)			
10601 San Jose Blud, Stella (Address)			
MCKSONVILLE FL 32257 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (912) 414 2745 (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{25}\$ Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Registration Section			

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FRO FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

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	e limited liability company as it appears on the records of the Flori	da Depar
of State is:	is to Kid Tacksonville	
2. The Florida docu	ument/registration number assigned to this limited liability compa	ny is:
L14000	0184855	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	11011
	Vame of Person Resigning)	
Authori	izeo Member. (Prini Tille)	
	ability company and affirm the limited liability company has been	notifi ed of
resignation in wri	riting.	
	\$ \\ \frac{1}{2} \\ \	SEP
Signature of Dissociating Member or Resigning Manager		
C		्च । इस्त्री
Filing Fee:	\$25.00 (Required)	الييور :
Certified Copy:	\$30.00 (Optional)	් හ ු