L14000186879

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COVER LETTER

Registration Section Division of Corporations

KAZMA CAPITAL PROI	PERTIES, L.L.C.
(Na	ime of Limited Liability Company)
The enclosed member, resignation of	or dissociation and fee(s) are submitted for filing.
Please return all correspondence co	ncerning this matter to:
Mounii Kazma	
(Contact Person)	
KAZMA CAPITAL PROPERTIES, L.L.C	
(Firm/Company)	
1162 Southwinds Drive	
(Address)	
Port Orange, FL 32129	
(City/State and Zip C	(ode)
For further information concerning	this matter, please call:
Mounir Kazma	386 882-0041 at ()
(Name of Contact Person)	
Enclosed please find a check made	payable to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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)

	Elimited liability company as MA CAPITAL PROPERTIES, L.	s it appears on the records of the Flo L.C.	orida Department	
2. The Florida doc L14000186879	ument/registration number a	ssigned to this limited liability com	pany is:	
Ind S. Varma		signed or will withdraw/resign is:		
4. 1, (Print) Manager	Same of Person Resigning)	, hereby withdraw/resign as a		
of this limited lia resignation in w		he limited liability company has bee	en notified of my	
Signature of D	issociating Member or Resig	gning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			