

LIS000019095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

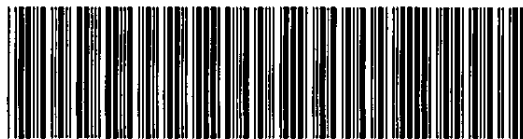
(Business Entity Name)

(Document Number)

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N. C. Office OCT 10 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KR Delights 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:

Kevin Koth
(Contact Person)

KR Delights
(Firm/Company)

1282 Harms Way
(Address)

Port Orange, FL 32129
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Koth at (386) 690-2169
(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

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

KR Delights, LLC
(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Kevin J. Koth</u>	<u>1282 Harms Way,</u>	<input checked="" type="checkbox"/> Add
		<u>Port Orange, FL 32129</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the very top left corner, there are some faint, small markings that appear to be the letters "f" and "r". The rest of the page is completely blank.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

9/1/15

Signature of a member or authorized representative of a member

Typed or printed name of signee