## L15000055014

(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

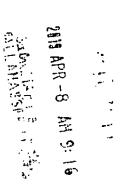


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## **COVER LETTER**

Division of Corporations		
SUBJECT: KDR VENTURES LLC		```
(Name o	f Limited Liability Cor	npany)
The enclosed member, resignation or dis	ssociation and fee(s	) are submitted for filing.
Please return all correspondence concert	ning this matter to:	
Joyce D. Barton		
(Contact Person)		-
KDR Ventures LLC		
(Firm Company)	<u> </u>	<del></del>
322 3rd Ave		
(Address)		_
Melbourne Beach, FL 32951		
(City State and Zip Code)		-
For further information concerning this	matter, please call:	
Joyce D. Barton	724 at (	433-7280
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made paya ☐ \$25 Filing Fee		Department of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2.14)

Tallahassee, Florida 32301



## 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)

	limited liability company as it a	ppears on the records of the Florida Department
	iment registration number assig	ned to this limited liability company is:
3. The date this me	mber manager withdrew resigne	ed or will withdraw resign is:
CADOLDAD		
MANAGER		
	Print Title)	
of this limited lial resignation in wri		mited liability company has been notified of my
Car	of Barton,	
Signature of Di	ssociating Member or Resigning	Manager
· <b>-</b>	\$25.00 (Required) \$30.00 (Optional)	