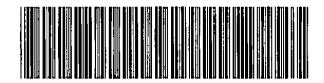
45000100276

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL .	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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R. WHITE DEC 1 8 2020

COVER LETTER

	Registration Section	
	Division of Corporations	
SUBJE	CT: Kalil Land, LLC	
	(Name of Lim	ited Liability Company)
The enc	losed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning	this matter to:
Tim Kalil		
	(Contact Person)	
Kalil Land		
	(Firm/Company)	
3818 Inwe	ood Landing Ct. (Address)	
	(Auditess)	
Orlando,	FL 32812 (City/State and Zip Code)	
Una firm	•	or places only
rortuit	her information concerning this matte	er, piease can.
Tim Kalil		at (_407) _415-2763
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclose	d please find a check made payable t	o the Florida Department of State for:
≥ \$251	Filing Fee	☐ \$55 Filing Fee & Certified Copy
<u>.</u>	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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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)

1. The name of the limited liability company a	s it appears on the records of the Florida Department
of State is: Kalil Land, LLC	
2. The Florida document/registration number a	assigned to this limited liability company is:
L15000100276	
3. The date this member/manager withdrew/re	signed or will withdraw/resign is: January 1, 2020
4. I, Aaron Blake (Print Name of Person Resigning)	, hereby withdraw/resign as a
_AMBR (Print Title)	
of this limited liability company and affirm to resignation in writing.	he limited liability company has been notified of my
Claren D. Clafe	
Signature of Dissociating Member or Resignature	gning Manager

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (O.)

\$30.00 (Optional)