L15000206688

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	·	
Special Instructions to I	Filing Officer	
	, ming omoon	

Office Use Only



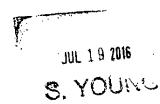
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**25.00

16 JUL 18 PM

LICAHASSEE, FLORIDA



COVER LETTER

STREET/COURIER ADDRESS: MAILING ADDRESS:	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy	
(Name of Contact Person) at (Area Code & Daytime Telephone Number)	
For further information concerning this matter, please call:	
Wellington Code) (City/State and Zip Code)	
125 Washampton CR (Address)	PM 2: 42
KNR DOS LC (Firm/Company)	16 JUL 18 PI
Michael Mannelli (Contact Person)	16
Please return all correspondence concerning this matter to:	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
SUBJECT: KORDOGS (Company) (Name of Limited Liability Company)	
TO: Registration Section Division of Corporations	

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

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

CR2E079 (2/14)



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 as it appears on the records of the Florida Dep	artment
of State is: KNR BOGS, L2C	·
2. The Florida document/registration number assigned to this limited liability company is:	
L150002010688.	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	12016
4. I, Print Name of Person Resigning, hereby withdraw/resign as a	SECT TALL
Membliz (Print Title)	L 18
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	PM 2: 42
Signature of Dissociating Member or Resigning Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)