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COVER LETTER

Division of Corporations		
SUBJECT: KINCO OPERATIONS LLC		
	of Limited Liability Co	ompany)
The enclosed member, resignation or di	ssociation and fee	(s) are submitted for filing.
Please return all correspondence concer	ning this matter to	:
DENISE POWERS		
(Contact Person)		_
AFFIRM ACCOUNTING & TAX SERVICE I	NC.	
(Firm/Company)		_
PO BOX 1614		
(Address)		_
HIGHLAND CITY, FL 33846		
(City/State and Zip Code)		_
For further information concerning this	matter, please cal	1:
DENISE POWERS	863 at (500-1185
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made paya \$\Blue{1}\$ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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	s it appears on the records of the	e Florida Departi	ment
of State is: KINC	O OPERATIONS, LLC			,
2. The Florida docu 1.16000001284	ument/registration number a	ssigned to this limited liability	company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign i	is:	
4. 1. DUSTIN B. KIN	CAID Tame of Person Resigning)	, hereby withdraw/resign	as a	
AMBR				
		he limited liability company has	s been notified of	fmy
Signature of Di	ssociating Member or Resig	yning Manager	2070 FEB 20	- ;
	\$25.00 (Required) \$30.00 (Optional)) AH 7: 2	1 :