## 116000106101

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SEURE FARY OF STATE TALLAHASSEE, FLORIS

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: KOI DESIGN 2 LLC		
	imited Liability C	ompany)
The enclosed member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please return all correspondence concerning	ig this matter to	):
STEFANO ZINGONI		
(Contact Person)		_
(Firm/Company)	- <u></u> <u>-</u> <u>-</u>	_
1915 BRICKELL AVENUE APT C1203	2	
(Address)		_
MIAMI, FL 33129		
(City/State and Zip Code)		_
For further information concerning this ma	atter, please cal	1:
STEFANO ZINGONI	917 at (	3785555
(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number
Enclosed please find a check made payabl  \$25 Filing Fee		Department of State for: ng 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
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)

The name of the limited liability company as it appears on the records of the of State is:  KOI DESIGN 2 LLC	Florida Department
2. The Florida document/registration number assigned to this limited liability of L16000106101	impany is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is  4. 1. STEFANO ZINGONI, hereby withdraw/resign a	
of this limited liability company and affirm the limited liability company has resignation in writing.  Signature of Dissociating Member of Resigning Manager	2010 APR 10 AM 10: 32 SLUDE JARY OF STATE PALL APPASSEE, FLORID:
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	