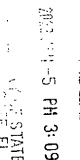
## U14000/94071

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer;

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01/05/23--01044--001 \*\*55.00



## **COVER LETTER**

Division of Corporations		
Canaveral Kings, LLC SUBJECT:		
	Limited Liability Co	mpany)
The enclosed member, resignation or dis-	sociation and fee(	s) are submitted for filing.
Please return all correspondence concern	ing this matter to:	
Blain Nelson		
(Contact Person)		_
Canaveral Kings, LLC		
(Firm/Company)		_
403 Pierce Ave.		
(Address)		_
Cape Canaveral, Fl. 32920		
(City/State and Zip Code)		_
For further information concerning this r	natter, please call	;
Blain Nelson	321 at (	403-0452
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payal  ☐ \$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)

	· · ·	as it appears on the records of the	•
2. The Florida doc L16000194071	ument/registration number a	assigned to this limited liability	company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign	Janueary 1, 2023
Blain Malcon		, hereby withdraw/resign	
Managing Memb			
	(Print Title)		
of this limited lia resignation in w		he limited liability company ha	as been notified of my
Bla	Ads		
Signaturé of D	issociating Member or Resig	gning Manager	
			· 등
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		