L16000 194497

	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-U	P WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2017

FRANCOIS ENGELMAJER 6039 COLLINS AVENUE APT 311 MIAMI BEACH, FL 33140

SUBJECT: IRSFORMEASY LLC Ref. Number: L16000194497

We have received your document for IRSFORMEASY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 117A00011507

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: IRS FORMSEASY LLC
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
FRANCOIS ENGELHAJER (Contact Person)
(Contact Person)
KIBI INVESTMENTS LLC (Firm/Company)
6034 Collins Ave. Unit 311
Thurst Beach, FL, 33140 (City/State and Zip Code)
For further information concerning this matter, please call:
François ENCELMIED at (305) 323 3939 (Area Code & Daytime Telephone Number
Enclosed please find a check made payable to the Florida Department of State for: \$\infty\$ \$\frac{1}{2}\$\$ \$\fr
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 appear	s on the reco	ords of the Floi	rida Dep	artmei	11
of State is:	IRSFORMS EA	4S Y	LLC				
2. The Florida docu	ment/registration number as	signed to	this limited	liability comp	any is:		
L16000	194497				E.:	a 1	
3. The date this mer	mber/manager withdrew/resi	gned or v	vill withdray	w/resign is:	Siene	12/2	917
	WESTHENTS une of Person Resigning)	hei	eby withdra	w/resign as a	ASSEE.	-3 -2	ľ
MANAG	ER Prim Tules				FLORID	6.h : [] MA	(
of this limited liab	oility company and affirm the ting.	e limited	liability con	npany has beer	>> notified	d of m	ý.
Signature of Dis	ssociating Member or Resign	ning Man	ager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)						