

L17000006875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 28 2017

Y SULKER

MARCO POLO, COLUMBUS & FERRARI

P. O. Box 22887, Lake Buena Vista, FL 32830

Office of the Trustee.
Nelson Ying, Trustee

TRANSMITTAL LETTER

Dec 19, 2017

To: Department of State
Registration Section
Division of Corporation
Clifton Bldg.,
2661 Executive Center Circle
Tallahassee, FL 32301

SUBJECT: KELLER SANDS POINT, LLC

Dear Sir:

Enclosed please find the following regarding the above LLC:

1. Dissociation or Resignation of Member, Manager from Florida LLC (\$55)
2. Statement of Resignation of Registered Agent for LLC (\$85)
3. Statement of change of Registered Office or Registered Agent or both for LLC (\$55)

The above statements + cover letters (*plus* one additional copy of each Statement for certification) and fee(s) is submitted for filing.

Please return all correspondence concerning this matter to the following:

Ms. Cynthia Yu, CAO,
c/o Marco Polo Columbus & Ferrari
P.O. Box 22887
Orlando, Florida 32830

For further information concerning this matter, please either fax or call:

Dr. Nelson Ying, Sr., Trustee
Fax: 407-876-5783
Tel: 407-876-1793

One check for \$195, covering all three Statements+ Certified Copies, is enclosed.

Thank you.

Very truly yours,
MARCO POLO COLUMBUS and FERRARI



Nelson Ying, Sr., Trustee



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KELLER SANDS POINT, 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:

Nelson Ying, Ttee

(Contact Person)

c/o Marco Polo Columbus & Ferrari

(Firm/Company)

P.O. Box 22887

(Address)

Lake Buena Vista FL 32830

(City/State and Zip Code)

For further information concerning this matter, please call:

Nelson Ying, Trustee

at (407) 876-1793

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing 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



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 Department of State is: KELLER SANDS POINT, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000006875

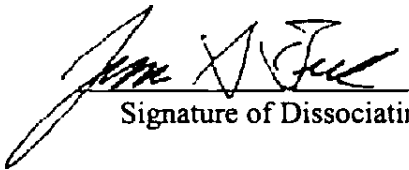
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Dec. 27, 2017

4. I, National Safe Harbor Exchanges, hereby withdraw/resign as a
(Print Name of Person Resigning)

Mgr and Sole Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 , Vice President of National Safe Harbor Exchanges
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)