L17000036277

(Requestor's Name)			
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PICK-UP	WAIT	MAIL	
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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: KM2H, LLC	
	nited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
KEITH E. HARRIS	
(Contact Person)	
(Firm/Company)	
6319 LAUREL WOOD RUN	
(Address)	
SARASOTA, FL 34243	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
KEITH E. HARRIS	813 629-9469 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee	to the Florida Department of State for: ☑ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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)

	limited liability company as		f the Florida Department
	ument/registration number as	ssigned to this limited liabil	ity company is:
L17000036277		·	
4. I, KEITH E. HARI	lame of Person Resigning)	, hereby withdraw/resi	gn as a
MANAGER			
	(Print Title)		202 :
of this limited lia resignation in wr	tille) bility company and affirm the iting.	e limited liability company	has been notified of myt
Signature of Di	ssociating Member or Resig	ning Manager	AH 9: 32 SEEL FLORIDA
	\$25.00 (Required) \$30.00 (Optional)		