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**S Warren**MAR 2 9 2017

## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Division of Corporations		
SUBJECT: L K M SALES USA LLC		
<u> </u>	ited Liability Co	mpany)
The enclosed member, resignation or dissoci	ation and fee(	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
KOSTADIN O MARTE		
(Contact Person)		<del></del>
L K M SALES USA LLC		
(Firm/Company)		_
13841 OSPREY LINKS RD Apt 24	4	
(Address)		_
ORLANDO, FL., 32837		
(City/State and Zip Code)		_
For further information concerning this matter	r, please call:	
KOSTADIN MARTE	407 at (	454-3114
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g 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)

The name of the limited liability company as it of State is:  L K M SALES LLC	appears on the records of the Florida Department
2. The Florida document/registration number assi	gned to this limited liability company is:
3. The date this member/manager withdrew/resign 4. I,   OSVALDO B MARTE  (Print Name of Person Resigning)  MANAGER	<del>-</del>
resignation in Writing.	limited liability company has been notified of my
Signature of Dissociating Member or Resigning Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	ng Manager