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(Requestor's Name)		
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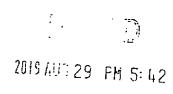
COVER LETTER

TO: Registration Section Division of Corporations

CR2E079 (2/14)

SUBJECT:			
(Name of Limited	d Liability	y Compa	any)
The enclosed member, resignation or dissociati	on and f	fec(s) a	are submitted for filing.
Please return all correspondence concerning thi	is matter	r to:	
KEVADIA, ROMESH L, DR			
(Contact Person)			
KEYSTONE DRILLING & NETWORK LLC			
(Firm/Company)			
2683 PALASTRO WAY			
(Address)			
OCOEE, FL 34761			
(City/State and Zip Code)			
For further information concerning this matter,	please c	all:	
KEVADIA, ROMESH L, DR	407)	949-4041
(Name of Contact Person)	` \ —	ode &	Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee			artment of State for: ce & Certified Copy
STREET/COURIER ADDRESS: Registration Section			AILING ADDRESS:
Division of Corporations			egistration Section ivision of Corporations
Clifton Building			O. Box 6327
2661 Executive Center Circle			allahassee, Florida 32314
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 KEYSTONE DRILLING & NETW of State is:	NORK LLC
2. The Florida document/registration number assis L17000076330	ened to this limited liability company is:
3. The date this member/manager withdrew/resign KEVADIA, VILAS R	08/26/2019 ed or will withdraw/resign is:
4. I. (Print Name of Person Resigning) Manager (Print Title)	Thereby withdrawnesign as a
of this limited liability company and affirm the li- resignation in writing.	imited liability company has been notified of my
Jasit 1	
Signature of Dissociating Member or Resignin	g Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	