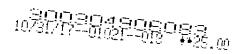


(Re	equestor's Name)	<u></u>
(Ad	dress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		!

Office Use Only







COVER LETTER

Division of Corporations		
SUBJECT: KOL KARE (Name of Limited Liability Cor	npany)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:		
Awayes Ocampo (Contact Person)	-	
(Firm/Company)	_	
9755 NW 52 nd ST # 200	8	
City/State and Zip Code)	-	
For further information concerning this matter, please call:		
Avares Campo at (786 (Name of Contact Person) (Area Code) 506 2387 & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: 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	

CR2E079 (2/14)



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: VOL VARE, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000 115068
3. The date this member/manager withdrew/resigned or will withdraw/resign is: SET 25, 2017
4. I, Print Name of Person Resigning), hereby withdraw/resign as a
AMBR (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Options)