L17000122806

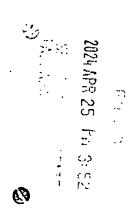
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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04/25/24--01005--007 **55.00



COVER LETTER

	ation Section n of Corporations		
SUBJECT:	JAN JOSE ZARAGOZA		
	(Name of Limit	ed Liability Co	ompany)
The enclosed n	nember, resignation or dissocia	tion and fee	(s) are submitted for filing.
Please return a	Il correspondence concerning th	his matter to	o :
MARIA ENCINA	NEIRA		
	(Contact Person)		_
KBMADRID, LL	<u>c</u>		
	(Firm/Company)		
101 CRANDON I	BL #170		
	(Address)		_
KEY BISCAYNE	E, FL 33149		
	(City/State and Zip Code)	-	_
For further info	ormation concerning this matter	r, please call	1:
MARIA ENCINA		305 at (6137173
(Nan	ne of Contact Person)		le & Daytime Telephone Number)
Enclosed pleas	e find a check made payable to	the Florida	Department of State for:
☐ \$25 Filing F			ng Fee & Certified Copy
	Address:		Street Address:
	ation Section n of Corporations		Registration Section Division of Corporations
	ox 6327		The Centre of Tallahassee
	ssee, FL 32314		2415 N. Monroe Street, Suite 810
	,		Tallahassee, FL 32303

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)

of State is: KBM	ADRID, LLC	·	
2. The Florida doc L17000122806	ument/registration number a	ssigned to this limited liab	ility company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/res	ign is:
HIAN 17APAC			
MANAGER			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability compan	y has been notified of my
,	JUAN J ZARAGOZA		
Signature of D	issociating Member or Resig	gning Manager	202
Filing Fee:	\$25.00 (Required)		: : : ≥
Certified Copy:	\$30.00 (Optional)		2024 APR 25 PH 2

CR2E079 (2/14)