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COVER LETTER

Registration Section TO: Division of Corporations KUHN PROPERTIES, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Gudrun M. Nickel (Contact Person) Gudrun Maria Nickel; P.A. (Firm/Company) 350 5th Avenue South (Address) Naples, Florida 34101-3005 (City/State and Zip Code) For further information concerning this matter, please call: Gudrun M. Nickel (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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	e limited liability company as it appears on the records of the Florid	da Department
of State is:	KUHN PROPERTIES, LLC	
2. The Florida doc	cument/registration number assigned to this limited liability compared	ny isi?
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(Print i	Name of Person Resigning)	64:8.
resignation in w		notified of my
Signature of D	issociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required)	
centited Copy;	\$30.00 (Optional)	