# 617000199087

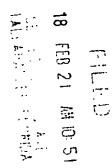
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J. LEGGETT

#### **COVER LETTER**

Division of Corporations
SUBJECT: KCS Distribution. 440 (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:  Keith G Snolen  (Contact Person)  KCS Distribution, LLC  (Firm/Company)  1193 SE Port St. Lucie Blul #166  (Address)  Port St. Lucie, FL 34952  (City/State and Zip Code)
For further information concerning this matter, please call:    Keith G. Smo lew at (772) 263-3406     (Name of Contact Person) (Area Code & Daytime Telephone Number)    Epclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

**Registration Section** 

TO:

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						he Flo	orida De	partn	nent
of State is:/	KCS	DISTI	bution	1	<u> </u>				<u>_</u> .
2. The Florida docu						y com	pany is:	•	
L1700019	9087	1F1/8	1N 82-29	442	60			/	1
3. The date this me	mber/mana	ger withdrew	/resigned or wi	ll withd	lraw/resign	is: _	2//	11 /	// 8 —
4. I, CATA	INA Jame of Perso	Bro n Resigning)	いん. here	by with	draw/resigi	n as a			
MANA									
of this limited lia resignation in wr		any and affin	m the limited li	ability o	ompany ha	as bee	n notifi	ed of	my
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- lat	sera.	120	u					FE8	<b>-1</b> 7
Signature of Dissociating Member or Resigning Manager							FEB 21		
Filing Fee: Certified Copy:		•					: : : : : : : : : : : : : : : : : : :	VH 10: 51	Ċ,