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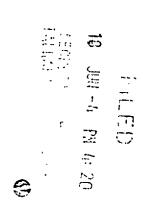
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Certified Copies	Certificates of Status					
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O SIMMONS
JUN 0 4 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KSM Re-Build LLC (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:
Agreda Perez-Diaz. (Contact Person)
KSM-Re-Build LLC. (Firm/Company)
7084 Mariposa Cir CT. (Address)
Fort Landrdale F1 33331. (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (305) 439-8257.  (Name of Contact Person) (Area Code & Daytime Telephone Number)
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: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

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 com	pany as it appo	ears on the record	s of the Florida D	epartment
of State is:	sm Re-	- Build	LLC.		·
2. The Florida docu	ment/registration nu	ımber assigned	to this limited lia	ability company is	:
<u> L1700</u>	00 20832	2			
3. The date this men	mber/manager withd	rew/resigned o	or will withdraw/r	resign is: $\frac{5}{2}$	i/ 18.
	a Perce Jame of Person Resigning		hereby withdraw/	resign as a	
Men	Print Title)	<del></del> :			
of this limited liab resignation in wri	oility company and a ting.	ffirm the limit	ed liability compa	any has been notif	ied of my
_ Qua			<del> </del>		
Signature of Dis	ssociating Member of	or Resigning M	lanager		
	\$25.00 (Required \$30.00 (Optional			# 100 mm	18 July
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