L17000223118

(Re	questor's Name)		
(Ad	dress)		
(1.0	u1033)		
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL .	
(Business Entity Name)			
•	ŕ	,	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
=	Office Use On	ly	
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Klahl Enterprises LLC		
(Name of Li	mited Liability C	Company)
The enclosed member, resignation or dissoc	ciation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to	o:
Wade Stahl		
(Contact Person)		
(Firm/Company)		
27123 Lake Lena Lane		
(Address)	, III	
Mt. Dora, FL 32757		
(City/State and Zip Code)		_
For further information concerning this mat	ter, please call	l :
Wade Stahl	352	735-6398
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee		Department of State for: ag Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section
Clifton Building		Division of Corporations 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 limited liability company as it appears on the records of the Florida Department of the limited liability company as it appears on the records of the Florida Department of the limited liability company as it appears on the records of the Florida Department of the limited liability company as it appears on the records of the Florida Department of the limited liability company as it appears on the records of the Florida Department of the F	типеш
of State is:	·
2. The Florida document/registration number assigned to this limited liability company is: L17000223118	17 N
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/7/2017 2017 2017 2017 2017 2017 2017 2017	DV AN IN
(Print Name of Person Resigning) Manager	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	of my
David & Hlus	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	