117000233454

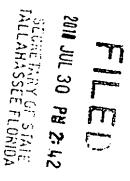
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



300316144533

07/30/18--01035--021 ★★25.00



n RRUCE AUG 0 4 2018

COVER LETTER'

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: KIVERSING ETROLEUM GLC (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: | |
| (Contact Person) | |
| (Firm/Company) 1 | |
| For further information concerning this matter, please call: Tawk Tawhulu at (561) 889 - 2372 (Name of Contact Person) (Area Code & Daytime Telephone Number) | |
| Edclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \$55 Filing Fee & Certified Copy | |
| MALLING ADDRESS. | |

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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)

| | limited liability comp | | | | a Departi | ment |
|---|---|---------------------|-----------------|---------------|------------------|-------|
| , | ment/registration num | • | nis limited lia | bility compan | ıy is: | 7 |
| 4.1. KAIS | mber/manager withdr ELL AAME ame of Person Resigning) | ew/resigned or wi | | | <u>, - 1 - 1</u> | 8 |
| | MGR (Print Title) | | | | J. N | |
| of this limited lial resignation in wri | bility company and af iting. | firm the limited li | ability compa | ny has been A | | f my |
| - Swan Y | ssociating Member of | · Recioning Mana | Jer | SSEE FL | 30 P# | m |
| | · | | ,, | ORIDA | ₹ 42 | Same? |
| Filing Fee: | \$25.00 (Required) | 1 | | | | |

Certified Copy: \$30.00 (Optional)