L17000 259266

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		





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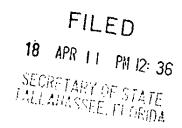
K SALY APR 13 2018

COVER LETTER

Division of Corporations		
SUBJECT: KMC Services 2, LLC		
	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:
Kevin McMickle Jr		
(Contact Person)		
KMC Services 2, LLC		
(Firm/Company)		·····
2781 SW 155 Lane		
(Address)		
Davie, FL 33331		
(City/State and Zip Code)		
For further information concerning this mat	ter, please cal	1:
Kevin McMickle, Jr	954 at (6286615
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: 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	e limited liability company as it appears on the records of the Florida Department
of State is: KM0	C Services 2, LLC
2. The Florida doc L1700025926	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 3/31/2018
Torrol Mandie	
MGR	
 	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	m May K
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)