L18 0000	43649
(Requestor's Name) (Address) (Address)	Weiling 800425206378
(City/State/Zip/Phone #)	03/11/2401029002 *+25.00
(Document Number)	
Special Instructions to Filing Officer:	2024 IIA9 I 1 PH
Office Use Only	

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: KEMECHI 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:

KAN MONGWA

۰,

(Contact Person)

KEMECHI LLC

(Firm/Company)

5360 SW 150 TER

(Address)

MIRAMAR FL 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

 KAN MONGWA
 at (_____)

 (Name of Contact Person)
 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



11 ORIDA 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)

		it appears on the records of the	e Florida Departmen
of State is			·
I. The Florida docu sociola octo	ment registration number as	signed to this limited liability o	company is:
Fine date this me	mber manager withdrew/resi	gned or will withdraw/resign i	FEB 29, 2024 s:
FPANCIS SUFA	N-LOUIS	hereby withdraw/resign	as a
atrine N	ame of Person Resigning)	hereby withdraw/resign	
MAN NOFR			
	(Pena Tale) .		
or this immed lia resignation in wr		e limited liability company has	s been notified of my
Signature of D	issociating Member or Resig	ning Manager	20241:::?
Ething Fee Centified Copy	\$25.09 (Required) \$30.00 (Optional)		

61 : I SI

.

. .