

L18000115331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

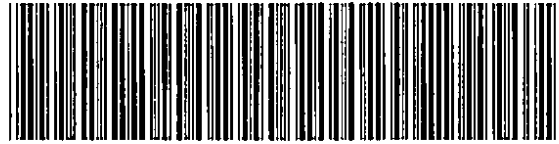
(Document Number)

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Dis/Resign  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2020

JUAN PEDRO KLOOSTERBOER  
500 BAYVIEW DR. APT. 524  
SUNNY ISLES, FL 33160

SUBJECT: KN TOPS LLC  
Ref. Number: L18000115331

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE PRINT THE NAME OF THE PERSON RESIGNING IN THE APPROPRIATE AREA OF THE FORM AND THE DATE AS WELL. PLEASE RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 620A00022835

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KN TOPS, 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:

JUAN PEDRO KLOOSTERBOER  
(Contact Person)

KN TOPS, LLC  
(Firm/Company)

500 BAYVIEW DR. APT. 524  
(Address)

SUNNY ISLES, FL - 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN PEDRO KLOOSTERBOER at (305) 772-2760  
(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

**THIS IS A RESUBMISSION - I SEND THE PAYMENT OF \$55.00**

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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 State is: **KN TOPS LLC**

2. The Florida document/registration number assigned to this limited liability company is:  
**L18000115331**

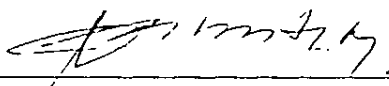
3. The date this member/manager withdrew/resigned or will withdraw/resign is: **JULY 15TH, 2020**

4. I, **CARLOS E. KLOOSTERBOER**, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

**AMBR**

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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