

L18000175417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

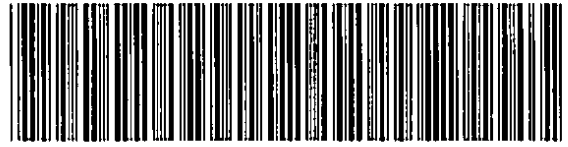
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/19--01023--012 **25.00

FILED
19 APR 29 PM 6:02
CLERK OF COURT
TALLAHASSEE, FLORIDA

○ SIMMONS

MAY 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Khulcher 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:

Garrett Fatone
(Contact Person)

Khulcher LLC
(Firm/Company)

6840 NW 26th Street
(Address)

Margate, FL, 33063
(City/State and Zip Code)

For further information concerning this matter, please call:

Garrett Fatone at 646, 996-7486
(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

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



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)

FILED
19 APR 23 PM 6:02
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Khulcher LLC

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

L18000175417

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/21/2019

4. I, Garrett Fatone, 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]
Signature of Dissociating Member or Resigning Manager

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