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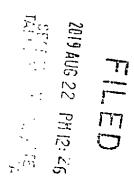
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:	Registration Section Division of Corporations		
	Division of Corporations		
SUBJ	ECT: KDM Carpentry LLC		
	(Name of L	imited Liability Con	npany)
The er	nclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please	e return all correspondence concernin	g this matter to:	
Kevin	n Maciuba		
	(Contact Person)		-
KDM	Carpentry LLC		
	(Firm/Company)		-
1535	Illinois Ave		
	(Address)		-
Palm	Harbor, FL 34683		
	(City/State and Zip Code)		-
For fu	orther information concerning this ma	tter, please call:	
Kevin	n Maciuba	727 at (744-4805
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		epartment of State for: Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
-	tration Section ion of Corporations		Registration Section
	n Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	nassee. Florida 32301		

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)

The Cloude decommendation would be able	in the face the literan and the
The Florida document/registration number assigned to thi L18000201811	is fimited flability company is:
The date this member/manager withdrew/resigned or will	
I, Dawn Maciuba, hereby, hereby, hereby, hereby, authorized Representative	u with drow/realism on a
(Print Name of Person Resigning)	y withdraw/resign as a T. C. 2019
Authorized Representative	
(Print Title)	322
of this limited liability company and affirm the limited liabresignation in writing.	
Dawn Macinta	9. 7. S. 12: C.

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)