L18000 228879

(Requestor's Name)				
(Address)				
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KONA CONSTRUCTION UC (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:
LAXISVONI GARCIA RABASSA (Contact Person)
N/A
(Firm/Company)
10881 GOODWIN ST, UNITB, (Address)
BONITA SPRINGS, FLORIDA, 34135 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 315 7142 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 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)

1. The name of the	limited liability company as	it appears on the records	s of the Florida Department
of State is:	KONA CONSTRUCTI	on ilc	·
2. The Florida docu	ment/registration number as:	signed to this limited lia	bility company is:
L18000	228879		
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/re	esign is: NOVEHOUR Ob, 20
4.1, LAXISVON	i GARCIA RABASSA ame of Person Resigning)	, hereby withdraw/r	resign as a
(Print No	ame of Person Resigning)		
4A	1BR		
	Print Title)		
of this limited lial resignation in wri	oility company and affirm the ting.	limited liability compa	ny has been notified of my
	(-1)		70
Signature of Di	ssociating Member or Resign	ing Manager	2
	\$25.00 (Required) \$30.00 (Optional)		7021 KOV -8 PH 2:1