L18000243352

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Stomato Emily reality)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300381014703

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COVER LETTER

TO:	Regis	stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	K & S Taxes and Financial Service		
		(Name of I	Limited Liability C	ompany)
The cr	nclosed	d member, resignation or diss	ociation and fee	e(s) are submitted for filing.
Please	returr	all correspondence concerni	ng this matter to	D:
Sandra	Deveau	ıx-Coleman		
		(Contact Person)		
K & S	TAXES	S AND FINANCIAL SERVICES, I	LC	
		(Firm/Company)		 '
7230 N	IW 21st	Street		
	•	(Address)		
Sunrise	e, FL 33	313		
		(City/State and Zip Code)		_
For fu	rther ii	nformation concerning this m	atter, please cal	1:
Sandra	Deveas	sux-Coleman	954 at (865-4631
	(N	lame of Contact Person)	`	de & Daytime Telephone Number)
Enclos	sed ple	ase find a check made payab	le to the Florida	Department of State for:
\$25	•			ng Fee & Certified Copy
	<u>Mailii</u>	ng Address:		Street Address:
	Regis	stration Section		Registration Section
		sion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
	т ана	hassee, FL 32314		2415 N. Monroe Street, Suite 810



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)

	S TAXES AND FINANCIAL SERV	
2. The Florida doc	cument/registration number assi	igned to this limited liability company is:
L18000243352		
3. The date this m	ember/manager withdrew/resig	ned or will withdraw/resign is: November 1, 2021
Kevin Clark		, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
MGMR		
	(Print Title)	
	(11th Thie)	
of this limited lia resignation in w	ability company and affirm the	limited liability company has been notified of my
	ability company and affirm the	limited liability company has been notified of my
resignation in w	ability company and affirm the	
resignation in w	ability company and affirm the riting.	
Signature of D	ability company and affirm the riting.	