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	(Requestor's Name)			
	(requestors rearrie)			
	(Address)			

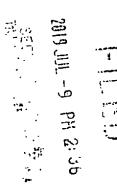
	(Address)			
	(City/State/Zip/Phone #)			
☐ PICK-U	P WAIT	MAIL		
	• • • • • • • • • • • • • • • • • • • •			
	(Business Entity Name)			
(Document Number)				
Certified Conies	Certificates of S	Status		
Special Instruction	s to Filing Officer:	-		
				

Office Use Only



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COVER LETTER

Division of Corporations	
Division of Corporations	
SUBJECT: Kintsugi Collective LLC	
	Limited Liability Company)
The enclosed member, resignation or disse	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
Amber McDaniel	
(Contact Person)	
Kintsugi Collective LLC	
(Firm/Company)	
7 Naranja Rd	
(Address)	
Debary, FL 32713	
(City/State and Zip Code)	
For further information concerning this m	atter, please call:
Amber McDaniel	202 674-0904
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	le to the Florida Department of State for:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, 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)

	s limited liability company as sugi Collective LLC	it appears on the records of the Florida Depar	
2. The Florida doc L1800026657	-	signed to this limited liability company is:	PAID JUL -9
	_	igned or will withdraw/resign is:	PH
4. I, (Print) Member	lame of Person Resigning)	, hereby withdraw/resign as a	, t)
_		e limited liability company has been notified o	of my
Koyla M.	Rul		
Signature of D	issociating Member or Resig	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		