## 1190000 17242

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## **COVER LETTER**

Division of Corporations	
SUBJECT: Kalan: Photo (Name of Limited Liability C	Company)
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	o:
Pamela J. Nix (Contact Person)	
Oliver & Company, P.A.	
1140 Sterling Road (Address)	
Inverness, FL 34450 (City/State and Zip Code)	
For further information concerning this matter, please cal	
Panela Nix at (352 (Name of Contact Person) (Area Coo	Department of State for:  Department of Stat
Enclosed please find a check made payable to the Florida	Department of State for:
\$25 Filing Fee  ☐ \$55 Fili	ng Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

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)

1. The name of the	limited liability company as it appears on the records of the Florida Departmen	t
of State is:k	Calani Photo, LLC	
2. The Florida docu	ment/registration number assigned to this limited liability company is:	
L1900001	· · · · · · · · · · · · · · · · · · ·	
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is:	<i>رے</i>
4.1. Mark P	mber/manager withdrew/resigned or will withdraw/resign is: $34 \times 12028$	٠٠ ئ
Mem'	("C   L") <del></del>	
of this limited liab resignation in wri	ility company and affirm the limited liability company has been notified of my	r
Mark	allend	
	ssociating Member or Resigning Manager	
_	\$25.00 (Required)	
Certified Conv:	\$30.00 (Optional)	