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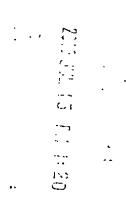
(Requestor's Name)				
(Address)				
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COVER LETTER

-	gistration Section rision of Corporations			
SUBJECT:	KK2-TLC, LLC			
	(Name of Limited Liability Company)			
The enclos	ed member, resignation or dissociat	ion and fee(s)	are submitted fo	or filing.
Please retu	m all correspondence concerning th	is matter to:		
Robert P	Regnery			
	(Contact Person)			
RPR Con	sulting, AAC			
	(Firm/Company)			
3372 Cal	le Margarita			
	(Address)			
Encinitas	, CA 92024		· + Al	rpiti. com
	(City/State and Zip Code)		1 17150 2	-06 F
For furthe	r information concerning this matte	r, please call:	this	L h 1 4 1 (0)
Robert R		619 _at (417.7785	- Name have
	(Name of Contact Person)	(Area Code	& Daytime Tel	ephone Number)
Enclosed	please find a check made payable to ing Fee	o the Florida D \$55 Filing	Department of S g Fee: & Certific	State for: ed Copy.
Registration of Clifton Brace 2661 Execution 1	COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ex, Florida 32301		MAILING A Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations

CR2E079 (2/14)

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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 of State is: KK2-TLC, LLC	it appears on the records of the Florida Department
2. The Florida document/registration number as L19000028206	signed to this limited liability company is:
3. The date this member/manager withdrew/resi	gned or will withdraw/resign is:
4. I, Karen J Kirby	, hereby withdraw/resign as a
(Print Name of Person Resigning)	· · · · · · · · · · · · · · · · · · ·
Manager	Contract of the Contract of th
(Print Title)	
of this limited liability company and affirm th	e limited liability company has been notified of my
resignation in writing.	: 20
1-1-	·
Signature of Dissociating Member or Resig	ning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: