

L19 00000 67571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

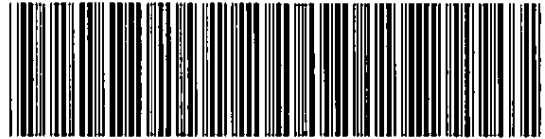
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/24/19--01:10:10

FILED
2019 JUL 15 AM 11:10
SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

Y SULKER
JUL 15 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2019

KAILUA HOLDINGS, LLC
574 RYANS WOODS LN
PALM HARBOR, FL 34683

SUBJECT: KAILUA HOLDINGS, LLC
Ref. Number: L19000067571

We have received your document for KAILUA HOLDINGS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 219A00013621

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kailua Holdings LLC
(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:

Beth Moller
(Contact Person)

Kailua Holdings LLC
(Firm/Company)

574 Ryans Woods Ln
(Address)

Palm Harbor, FL 34683
(City/State and Zip Code)

For further information concerning this matter, please call:

Beth Moller at (818) 987-6239
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

\$70 credit on file

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 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 of the Florida Department of State is: Kailua Holdings LLC

2. The Florida document/registration number assigned to this limited liability company is:

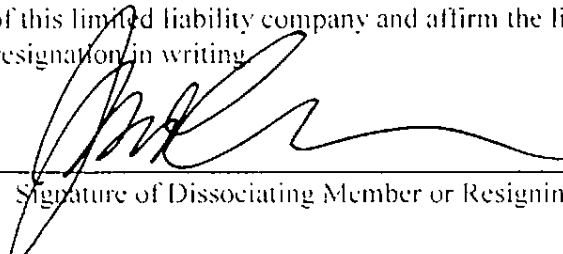
L19000067571

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/28/19

4. I, James Moller, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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2019 JUL 15 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA