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TO: Registration Section **Division of Corporations** THE KIDS GARDEN, LLC SUBJECT: (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: LESTERSANDY ROJAS (Contact Person) THE KIDS GARDEN, LLC (Firm/Company) 9745 SW 184TH ST PALMETTO BAY, FL 33157. (City State and Zip Code) For further information concerning this matter, please call: at () 597 7219 (Area Code & Daytime Telephone Number) LESTERSANDY ROJAS (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2-14)

P.O. Box 6327

Tallahassee, FL 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)

	• • • •	s it appears on the records of the F	Florida D	eparti	nent
2. The Florida doc:	ument/registration number a	assigned to this limited liability co	mpany is	:	
DAMARYS CLI	PATIENCT	signed or will withdraw/resign is:, hereby withdraw/resign as		0	
		he limited liability company has b	een notif		my
Filing Fee:	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	gning Manager	SECRETARY OF STA	2020 SEP -8 AM 11:	