419000110367

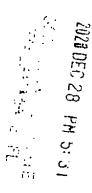
(Req	uestor's Name)		
(Address)			
(Add	ress)		
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



700356807387

12/29/20--01028--028 ++28



O SIMMON FEB 0 8 20'

COVER LETTER

Division of Corporations K&D III 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: YAN ARONOV (Contact Person) K&D III (Firm/Company) 33-25 HIGH STREET (Address) **FAIR LAWN, NJ 07410** (City/State and Zip Code) For further information concerning this matter, please call: YAN ARONOV (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as	s it appears on the records of the Florida Department
of State is:	K&D III LLC	
2. The Florida doc	ument/registration number as	ssigned to this limited liability company is:
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign is: 12/11/2020
4. I,	N B. DEVARY Name of Person Resigning,	, hereby withdraw/resign as a
	AMBR	
	(Print Title)	
of this limited lia resignation in w	· · ·	ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
Filing Fee:	\$25,00 (Required) \$30,00 (Ontional)	