## L19000151496

(Requestor's Name)			
(Address)			
(Address)			
(ridutess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Coomson Chang, Marie,			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Luna			
J. HORNE			
FEB - 5 2024			
2027			





500421244335

01/12/24--01009--006 \*\*25.00



## **COVER LETTER**

**Division of Corporations** STUDIO KP2 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: Kenneth Damas (Contact Person) Damas Law (Firm/Company) 300 Sevilla Avenue Suite 306 (Address) Coral Gables, Florida 33134 (City/State and Zip Code) For further information concerning this matter, please call: Kenneth Damas (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 Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM STADDA OR ECREICALLIMITED LIABILITY COMPANY FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it a	ppears on the records of the Florida Department
of State is:	DIO KP2 LLC	·
2. The Florida doc L19000151496	rument/registration number assig	ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigno	ed or will withdraw/resign is:
4. I, Keith Phillips (Print N	Name of Person Resigning)	_, hereby withdraw/resign as a
member		
	(Print Title)	
of this limited lia resignation in wr		mited liability company has been notified of my
Signature of D	issociating Member or Resigning	y Manager
	\$25.00 (Required) \$30.00 (Optional)	