## L19000 174 186

(Re	questor's Name)	-
(Ad	dress)	
·-		
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
<b>\</b>	- ,	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 2 Kings Investment (Name of Limited Lie	ent GROUP, LLC  Ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
Donna Phifer (Contact Person)	
(Firm/Company)	
5860 Sepulveda Lane	
College Park, GA 30349 (City/State and Zip Code)	<del> </del>
For further information concerning this matter, ple	ase call:
Donna Phifer at (A) (Name of Contact Person)  (A)	104 <u>808 · 3417</u> rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the 1 \$\\$25 Filing Fee \\$	Florida Department of State for: 55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

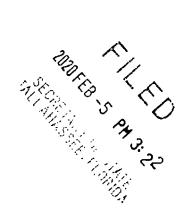
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314







## 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 com	pany as it appears on the records of the Florida Department
of State is: 2 Kings In	vestment Group, LLC
2. The Florida document/registration nu	mber assigned to this limited liability company is:
L19000174186	
3. The date this member/manager withd	rew/resigned or will withdraw/resign is: february 1, 2020
	, hereby withdraw/resign as a
Manager (PrintTule)	
	ffirm the limited liability company has been notified of my
resignation in writing.	
Dania Phile	<i>℃</i>
Signature of Dissociating Member of	r Resigning Manager
Filing Fee: \$25.00 (Required	•
Certified Copy: \$30.00 (Optional)	