L19000186336

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COVER LETTER

Division of Corporations		
SUBJECT: KJULO 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:		
Vigilia Iraheta (Contact Person)		
Sabores Catinos (FirmeCompany)		
2515 NE 318 St		ay.
Ocala, Fl. 34470 (City/State and Zip Code)	20 JUL 15	SECRET
For further information concerning this matter, please call:		TARY CO
Tulian Oorno at (352) 470-9120 (Name of Contact Person) (Area Code & Daytime Telephone Number)	51:01HW	OF STATE
Enclosed please find a check made payable to the Florida Department of State for: [2] \$25 Filing Fee & Certified Copy		is

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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: KJULO UC	
2. The Florida document/registration number assigned to this limited liability company is:	
L 19000186336	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{7/14/28}{500}$	
4.1. Julian Osomo, hereby withdraw/resign as a	•7
Manager Dwner . A Signification of the state	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	710
Anlier Gareno	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	