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### **COVER LETTER**

TO: Registration Section Division of Corporations			
K Farrington Designs, LLC			
(Name of Limited Liability Con	ıpany)		
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.		
Please return all correspondence concerning this matter to:			
Kimberly P. Stokes			
(Contact Person)	-		
K Farrington Designs, LLC			
(Firm/Company)	-		
165 Morningside Drive			
(Address)	-		
Lakeland, FL 33803			
(City/State and Zip Code)	-		
For further information concerning this matter, please call:		19	<i></i>
Kimberly P. Stokes 863	670-2946	<u>**</u>	₹ 235
	& Daytime Telephone Number)	 	- 050 - 050 - 050
Enclosed please find a check made payable to the Florida D  \$25 Filing Fee  \$55 Filing	Pepartment of State for: Fee & Certified Copy	PH 2: 30	PORATIONS

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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)

of State is: K Farrington Designs, LLC	
. The Florida document/registration number L19000202469	assigned to this limited liability company is:
. The date this member/manager withdrew/re	esigned or will withdraw/resign is:
. I,	, hereby withdraw/resign as a
MGR (Print Title)	
of this limited liability company and affirm resignation in writing	the limited liability company has been notified of my
Signature of Dissociating Member or Res	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)