120000046899

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	2/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	it Number)
Certified Copies	Certificates of Status
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04/26/24--01014--009 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: KT Ranch 11C (Name of Limited Liability Co	ompany)
The en	nclosed member, resignation or dissociation and fee((s) are submitted for filing.
Please	return all correspondence concerning this matter to	:
	Katie Beck (Contact Person)	_
	KJ Ranch LLC (Firm/Company)	.
26	08, County Road 721	
OKe	echobee Fl. 34974 (City/State and Zip Code)	_
For fur	ther information concerning this matter, please call:	
	(Name of Contact Person) at (863 (Area Code) 633-898/ e & Daytime Telephone Number)
Enclose	ed please find a check made payable to the Florida I	
	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)

	limited liability company as it appears on the records of the Flo	rida Depa	artment
of State is:	KJ Ranch, LLC	2024	
2. The Florida docu	ument/registration number assigned to this limited liability comp	any z s:	77
	00046899	R 26	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is	F/20	型/
4. I, <u>James</u> (Print N	F Beck Trustee, hereby withdraw/resign as a	÷: 38	VIII)
MG	(Print Title)		
of this limited liab resignation in wri	bility company and affirm the limited liability company has beer iting.	notified	of my
Jane	E Bul Trustee		
	ssociating Member or Resigning Manager		
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		