## L20000084102

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(Cit	ty/State/Zip/Phone	e #)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: K Vineyards, LLC	
(Name of Limite	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Dr. Geoffrey L Singer	
(Contact Person)	<del></del>
K Vineyards, LLC	
(Firm/Company)	
1005 Vintner, Blvd	
(Address)	
Palm Beach Gardens, FL 33410	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Dr. Geoffrey L. Singer	561 315-2113 at ()
(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 P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	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)

	ie limited liability company as	• •	•		:nt 
2. The Florida do L20000084102	cument/registration number as	ssigned to this limited	liability company is:		
3. The date this m	nember/manager withdrew/res	igned or will withdraw	//resign is:		_
4. I, Ronen O Gersh	Name of Person Resigning)	, hereby withdray	w/resign as a		
Manager					
	(Print Title)				
of this limited li resignation in w	ability company and affirm th	e limited liability com	pany has been notific	d of m	ıy
	Dissociating Member or Resig	ning Manager		2828 AF	3.414.60

Certified Copy:

\$30.00 (Optional)