LZ0000143860

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer;				

Office Use Only



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11/18/20--01014--007 ++55.00

750 TO 812:35



COVER LETTER

-	gistration Section		
Div	vision of Corporations		
SUBJECT			
	(Name of	Limited Liability Company)	
The enclose	ed member, resignation or dis-	sociation and fee(s) are submitted fo	r filing.
Please retu	rn all correspondence concern	ng this matter to:	
Desirie Crow	e-Harris		
	(Contact Person)		
Kut Up LLC			
	(Firm/Company)		
2128 West Fa	airfield Dr.		
	(Address)		
Pensacola FL	. 32505		
	(City/State and Zip Code)		
For further	information concerning this n	atter, please call:	
Desirie Crow	e-Harris	850 512-0266 at ()	
()	Name of Contact Person)	(Area Code & Daytime Telepho	one Number)
Enclosed pl □ \$25 Filir		le to the Florida Department of State S55 Filing Fee & Certified C	
	ing Address: istration Section	Street Address:	
Divi	ision of Corporations	Registration Secti Division of Corpo	
	. Box 6327 ahassee, FL 32314	The Centre of Tal	lahassee
1 411	anassec, 112,02,014	2415 N. Monroe S	



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)

	e limited liability company as i	it appears on the records of the Florida Department
2. The Florida doc 1.20000143860	ument/registration number ass	signed to this limited liability company is:
3. The date this mo	ember/manager withdrew/resig	gned or will withdraw/resign is:
4. I, Keith Hollis Jr.	Name of Person Resigning)	, hereby withdraw/resign as a
Manager	(Print Title)	
resignation in wr		limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	