

L20000143860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

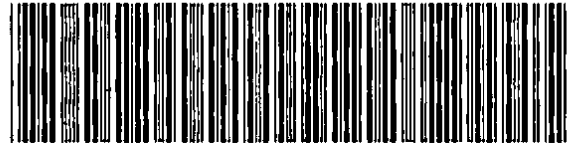
(Business Entity Name)

(Document Number)

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# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kut Up 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:

Desirie Crowe-Harris  
\_\_\_\_\_  
(Contact Person)

Kut Up LLC  
\_\_\_\_\_  
(Firm/Company)

2128 West Fairfield Dr.  
\_\_\_\_\_  
(Address)

Pensacola FL 32505  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Desirie Crowe-Harris at ( 850 ) 512-0266  
\_\_\_\_\_  
(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:**  
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

