

(Re	equestor's Name)	
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(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
KST, LLC	
SUBJECT:	d Liability Company)
The enclosed member, resignation or dissociation	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Allan Robertson	
(Contact Person)	<u> </u>
(Firm/Company)	
305 Ces cade St.	
(Address)	
Panama City FL. 324	'0 <i>5</i>
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Alan Robertson a (Name of Contact Person)	1(850) 527-5628
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address:
Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahaccea El 27303



## 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)

The name of the limited liability company as it appears o of State is:  KST, LLC	n the records of the Florida Department
2. The Florida document/registration number assigned to the 1.20000221367	is limited liability company is:
3. The date this member/manager withdrew/resigned or will 4. I, Nick Humble	
MGR (Print Title)	
of this limited liability company and affirm the limited liab resignation in writing.  Signature of Dissociating Member or Resigning Manage	
organizate of Dissociating Member of Resigning Manage	r

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)