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_	stration Section sion of Corporations			
SUBJECT:	KMMBA, LLC			
	(Name of Lim	ited Liability Co	mpany)	
The enclosed	d member, resignation or dissoci	ation and fee(s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
Michael L. Mo	oore, Esquire			
	(Contact Person)		_	
Michael L. Mo	oore, P.A.			2013
	(Firm/Company)		_	2003 t
1007 Golden (Oak Court			<u>-</u> :Л
	(Address)		_	:
Orlando, Florio	da 32806			,: Ol
	(City/State and Zip Code)		_	
For further in	nformation concerning this matte	er, please call:		
Michael L. Mc	pore	407 at (\$94-6447)	
(N	ame of Contact Person)	_ \	2 & Daytime Telephone Number)	
Enclosed plo ■ S25 Filin	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy	
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10



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)

1. The name of the of State is: KMN		is it appears on the records of the Flori	da Department
2. The Florida doc	ument/registration number a	assigned to this limited liability compa	ny is:
Jared M. Benton	-	signed or will withdraw/resign is: <u>5</u>	-12/
4. 1,	Name of Person Resigning)	, hereby withdraw/resign as a	
Member	tune by the same transfer and the same by		
<u>-</u> .	(Print Title)		
of this limited lia resignation in w		he limited liability company has been	notified of my
	I M #		
Signature of D	issociating Member or Resi	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		