L20000771672

(F	Requestor's Name)	
	Address)	
(/	Address)	
((City/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
	Business Entity Name))
	Danier and Niverban	
(t	Document Number)	
rtified Copies	Certificates of	Status
pecial Instructions t	o Filing Officer:	

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COVER LETTER

Division of Corporations	
SUBJECT: Kings bay propertys	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Whitny Villand (Contact Person)	
(Firm/Company)	
2033 NAAM Dr. (Address)	
Strvling Htt M U8310 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
WN Wruy V(1) And at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the S25 Filing Fee	e Florida Department of State for: \$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

CR2E079 (2/14)

TO: Registration Section



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 limit	ed liability company as it appears on the records of the Florida Department
of State is: KING	Bay Properties UC
2. The Florida document	/registration number assigned to this limited liability company is:
L200002716	72
3. The date this member	manager withdrew/resigned or will withdraw/resign is:Q\\Y\\ 20
4. 1, RWYUN N'14 (Print Name o)	hereby withdraw/resign as a Person Resigning)
AUMWW (Print	Title)
of this limited liability resignation in writing.	company and affirm the limited liability company has been notified of my
R. Na	
Signature of Dissocia	ating Member or Resigning Manager
-	25.00 (Required) 30.00 (Optional)