| (Requestor's Name) (Address) | 900378888999 |
|---|---|
| (City/State/Zip/Phone #) | CONTRACTION ++55.00 RECEIVED JAN 1.0.2027 |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | 2022 JAN 10 AH 6: 58 SECRETINRY OF STATE TALLAHY SEELET |
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COVER LETTER

TO: **Registration Section Division of Corporations**

. ··

Key Opportunity Consulting LEC SUBJECT:

(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:

Aytasha Hanton

(Contact Person)

(Firm/Company)

7901 4th St. N Ste 300

(Address)

St. Petersburg FL 33702

(City/State and Zip Code)

For further information concerning this matter, please call:

Avtasha Hanton

727 855-7011 727 855-7011 (_____) (Area Code & Daytime Telephone Number) at (_____ (Name of Contact Person)

Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee S55 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)





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 limited liability company as it appears on the records of the Florida Department of State is: Key Opportunity Consulting LLC
- 2. The Florida document/registration number assigned to this limited liability company is: 1.20000278854
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
- 4. I, _____

(Print Name of Person Resigning) ______, hereby withdraw/resign as a

Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Robert C. Thompson PT

Signature of Dissociating Member or Resigning Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)