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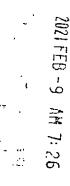
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KINGZ REAL (Name of Limited	ESTATE LLC I Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
Kevin J. Alon 20 (Contact Person)	
KINGZ REAL ESTATE (Firm/Company)	LLC
3104 JON JON CT	
Orlando FL 32822 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Kevin J. Alon20 at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to tl ✓ \$25 Filing Fee	he Florida Department of State for: 3 \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

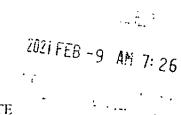
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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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 Departmen
of State is:	KINGZ REAL ESTATE LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L20	000367501
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 11-29-20
	me of Person Resigning)
	C E 0
(Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
ma	nul Mazario
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)