L21000046533

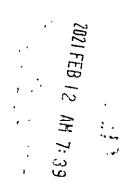
	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
	PICK-UP WAIT MAIL		
!	(Business Entity Name)		
	(Document Number)		
	Certified Copies Certificates of Status		
	Special Instructions to Filing Officer:		

Office Use Only



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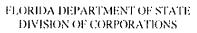
COVER LETTER

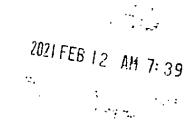
TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: KWLL21 LLC	
(Name of	Limited Liability Company)
The enclosed member, resignation or dis-	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
CHARLESTITAH	
(Contact Person)	
KWLL21 LLC	
(Firm Company)	
7820 PETERS ROAD, SUITE E-104	
(Address)	
PLANTATION, FL. 33324	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
CHARLES ITTAH	954 214-0254 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	ole to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303

CR2E079 (2/14)







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: KWLL21 LLC
2. The Florida document/registration number assigned to this limited liability company is:
L21000046533
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/9/2021
4. I, LISA DJAMAL hereby withdraw/resign as a (Print Name of Person Resigning)
(Print Name of Person Resigning)
MANAGER
(Prm Tule)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Sa Dama
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR2E079 (2/14)