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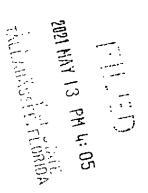
(Re	equestor's Name)			
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## **COVER LETTER**

Division of Corporations
SUBJECT: ICA'S KHChan LLC (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:
Tames Charles (Contact Person)
TICAS KITCHAN C
825 SW 4th Terr (Address)
Florida City, FL 33034 (City/State and Zip Code)
For further information concerning this matter, please call:
Tamus (har lus at (305) 479-10760  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum \frac{1}{2}\$\$ \$\frac{1}{2}\$\$ \$1
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

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 of State is:	limited liability company as	s it appears on the records of the	e Florida Department
	iment/registration number as	ssigned to this limited liability c	company is:
4. I, Bervel	Jasaph Jasaphan (Person Resigning)	igned or will withdraw/resign is, hereby withdraw/resign a	as a
of this limited liab resignation in wri	pility company and affirm the ting.	e limited liability company has	been notified of MAY 13 PH
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PH 4: 05