

221000149915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 JAN 31 AM 6:40

SECRETARY OF STATE  
TALLAHASSEE, FL

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)

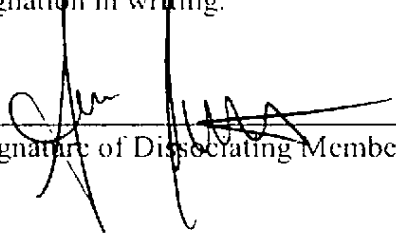

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: KM LIVE, LLC

2. The Florida document/registration number assigned to this limited liability company is: L21000149915

3. The date this member/manager withdrew/resigned or will withdraw/resign is: January 26, 2022

4. I, Anna Coates, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager of KM LIVE, LLC  
*(Print Title)*

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

   
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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



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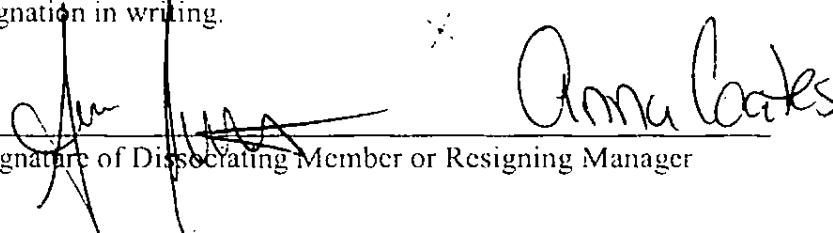
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