K21000149915

(Req	uestor's Name)	
(Add	ress)	_
(Add	ress)	
(City,	/State/Zip/Phone	e #)
		_
☐ PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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<u> </u>		
Special Instructions to F	iling Officer:	
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Office Use Only



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2022 JAN 31 AM 6: 44 SECREPARY OF STATE

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COVER LETTER

Division of Corporations	
KM LIVE, LLC SUBJECT:	
(Name of Limited Lia	(bility Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
SHERRY ELLIOTT	
(Contact Person)	
KM LIVE, LLC	
(Firm/Company)	
6640 Cortez Road W. Suite A	
(Address)	
Bradenton, FL 34210	
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
	41 447-9449
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the I	Horida Department of State for:
■ \$25 Filing Fee	55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81
	Tallahassee, FL 32303

CR2E079 (2/14)



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SECRETARY OF STATE
TALL AMAGGES.

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)

	e limited liability company a	is it appears on the records of the Florida Department
2. The Florida doc	ument/registration number a	assigned to this limited liability company is:
L21000149915		
3. The date this mo	ember/manager withdrew/re	signed or will withdraw/resign is:
4. I, Anna Coates		, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	hereby withdraw/resign as a
Manager of KM	LIVE, LLC	
	(Print Title)	
resignation in w		he limited liability company has been notified of my Grant Garages gning Manager
, /		
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	



FILED 2022 JAN 31 AM 6: 40

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAMASSES.

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 of State is:	ity company as it appears on the records of the Florida Department
2. The Florida document/registra	ation number assigned to this limited liability company is:
L21000149915	
3. The date this member/manage	r withdrew/resigned or will withdraw/resign is: January 26, 2022
4. I, Anna Coates	, hereby withdraw/resign as a
(Print Name of Person R	esigning)
Manager of KM LIVE, LLC	
(Print Title)	
Signature of Dissociating Mo	
Filing Fee: \$25.00 (Re	·
Certified Copy: \$30.00 (O	puonai)