KZ1000346206

(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	
SUBJECT: Kharma Klash E. (Name of Limited)	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Kharma Hell (Contact Person)	
Kharra Klash Entertainzen (Firm/Company)	f LLC
C865 Lanlings Orive A	pt 204
City/State and Zip Code)	
For further information concerning this matter, p	blease call:
(Name of Contact Person) at	(786) 585 7023 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$25 Filing Fee	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)





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 of State is:		it appears on the records of the Florida Department
		signed to this limited liability company is:
2. The Florida documents	egistration number as:	signed to this inflice habitity company is.
L Z100034/	206	
		gned or will withdraw/resign is: Aug 12, 202
4. I. David Met	arlane	hereby withdraw/resign as a
_(Print Name of I	Person Resigning)	
VPO		
(Print Ti	itle)	
resignation in writing.		e limited liability company has been notified of my
Signature of Dissociat	ing Member or Resign	ning Manager
Filing Fee: \$25	5,00 (Required)	
Certified Copy: \$30),00 (Optional)	