## 121000352103

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

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
K4T PROPERTIES LLC SUBJECT:	
(Name of Limited Lie	ibility Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
JASON WOGAN	
(Contact Person)	
(Firm/Company)	<del></del>
15399 EASTWOOD TRAIL	
(Address)	
BROOKSVILLE, FL 34604	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, ple	ase call:
KENNETH DOERR 3	637-3005
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: 55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303



## 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)

	ited liability company as it a	ppears on the records of the Florida Department
2. The Florida documents	nt/registration number assigr	ned to this limited liability company is:
3. The date this member	er/manager withdrew/resigne	d or will withdraw/resign is:
TIFFANY VALUEE		_, hereby withdraw/resign as a
MEMBER		
(Prin	t Title)	
of this limited liability resignation in writing	•	nited liability company has been notified of my
Signature of Dissor	your Liating Member or Resigning	Manager
Filing Fee: S Certified Copy: S		