L21000534410

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:	Registration Section Division of Corporations		
	CS KS SERVICE LLC		
SUBJ	JECT:		
	(Name of	Limited Liability C	`ompany)
The e	enclosed member, resignation or diss	sociation and fee	e(s) are submitted for filing.
Pleas	e return all correspondence concerni	ing this matter to);
CRIST	TAN SCOCUZZA		
	(Contact Person)		_
CRIST	TIAN SCOCUZZA - (S K5 5	ieroice LLC	-
	(Firm/Company)		
2936 L	LAKE SHORE DR APT 204		
	(Address)		
RIVIE	RA BEACH FL 33404		
	(City/State and Zip Code)	<u> </u>	_
For fu	urther information concerning this m	natter, please cal	1:
Cristia	n Scocuzza	561	6798238
)
	(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)
Enclo	sed please find a check made payab	le to the Florida	Department of State for:
= \$2	5 Filing Fee	□ \$55 Fili	ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 81
	rananassec, r E 52517		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)

	: limited liability company a S SERVICE LLC	is it appears on the records of the	e Florida Department
2. The Florida doc 1.21000534410	ument/registration number	assigned to this limited liability	company is:
		·	17/01/2024
	ember/manager withdrew/re CARRILLO CARDOZO	signed or will withdraw/resign i	s: 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
4. I	<u>_</u>	, hereby withdraw/resign	as ā 🗎 🕳
•	lame of Person Resigning)		-
MGR			
			. ∵ ∾
	(Print Title)		$=$ ω
of this limited lia resignation in wr		the limited liability company has	been notified of my
_ Kul Cal			
Signature of D	issociating Member or Resi	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy	\$30.00 (Optional)		