# L 22000016785

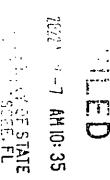
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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#### **COVER LETTER**

Divisio	on of Corporations			
SUBJECT: _	Kimball			
	(Nai	ne of Limited	d Liability Company)	
The enclosed r	nember, resignation o	r dissociati	on and fee(s) are su	bmitted for filing.

Please return all correspondence concerning this matter to:

Registration Section

TO:

Elizabeth V. Williams
(Contact Person)
Kimball DJ, UC
(Firm/Company)
3948 3rd St. S. #3
(Address)
Jacksonville Beach, FL 32250
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth V. Williams	at (904) 613-2892
(Name of Contact Person)	(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy

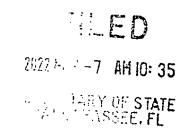
#### **Mailing Address:**

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





### 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: Kimball DJ LLC
2. The Florida document/registration number assigned to this limited liability company is:
L22000016785
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/86/82
4. I. ACHUC L Cahoo hereby withdraw/resign as a (Print Name of Person Resigning)
Member / Manager. (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:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)