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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Kanani Ka	ted Liability Company)	
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.	
Please return all correspondence concerning t	his matter to:	
Kathleen Kaye (Contact Person)		
(Firm/Company)		
1215 Greenidge R	oac/	
Jack Sonville FL 32. (City/State and Zip Code)	r, please call: at (727) 641-5476 (Area Code & Daytime Telephone Number)	7,4.3
For further information concerning this matte	r, please call:	9.21
(Name of Contact Person)	at (727) 641-5476	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed please find a check made payable to	the Florida Department of State for: S55 Filing Fee & Certified Copy	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 Floric	da Depa	rtment	
	anani Kat LLC		<u> </u>	
2. The Florida docu	ument/registration number assigned to this limited liability compar	ny is:		
L 2	22000092664			
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	5/12/	7 <u>820</u> 1844 - 1	- 2
	(Print Title)		9 11111:	ر تعساد عروري ^و
of this limited liab resignation in wri	bility company and affirm the limited liability company has been niting.	notified	ofMy	
Sand E.	Vistorian			
	ssociating Member or Resigning Manager			
Filing Fee: Certified Conv:	\$25.00 (Required) \$30.00 (Optional)			