Division of Corporations



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	Division of Corporations	₩S -5
	Fax Number : (850)617-6383	
From:		
	Account Name : GUNSTER, YOAKLEY & STEWART, P.A.	··· 5
	Account Number : 076117000420	
	Phone : (561)650-0728	
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Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KRM PARTNERS LLC

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COVER LETTER

	Registration Section Division of Corporations		•
SUBJE	KRM Partners LLC		
SODJE	Name of Lim	ited Liability Com	pany
Dear Si	r or Madam:		
The end	closed Statement of Authority and fee(s) are so	ubmitted for filing.	
Please	return all correspondence concerning this matt	ter to the following.	:
Brad M	1cPherson, Esq.		
	Name of Person		
Gunste	er, Yoakiey & Siewart, P.A.		
	Firm/Company		
777 Sc	outh Flagler Drive, Suite 500 East		
	Address		
West I	Palm Beach, FL 33401		
	City/State and Zip Code		
bradm	cpherson@gunster.com		
	E-mail address: (to be used for future annua	ıl report notification	n)
For fur	ther information concerning this matter, please	e call:	
Brad N	AcPherson, Esq.	561 at (650-0626
	Name of Person	Area Code	Daytime Telephone Number

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

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STATEMENT OF AUTHORITY

	_		ability company is: K	RM Partners I	LC		
FIRST: T	he name o	f the limited lia	ability company is:				
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SECOND:	: The Flor	ida Document	Number of the limited	l liability com	pany is:	20499	
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7	77 S FLA	GLER DRIVE,	SUITE 500E				38
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		~	ne limited liability cor	npany's princi	pal office is:	HASSE.	74 - 4 P
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