## L2100037047

(Re	questor's Name)	
(Ad	dress)	
·	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	_	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Codificat Codica	0-474	-101-1
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer	
	· imig concen	
	<del></del> -	

Office Use Only



500433818675

07/29/24--61022--024 \*\*25.00

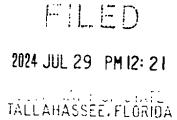
024 JUL 29 PM 12: 2

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Kefi Proporties, LLC	
(	Name of Limited Liability Company)
The enclosed member, resignation	n or dissociation and fee(s) are submitted for filing.
Please return all correspondence of	concerning this matter to:
Cody Harris	
(Contact Perso	n)
Kefi Properties, LLC	
(Firn√Compan	у)
6257 SE Fauna Terrace	
(Address)	
Hobe Sound, Florida 33455	
(City/State and Zip	(Code)
For further information concerning	g this matter, please call:
Cody Harris	at ( 562 ) 304-6494
(Name of Contact Person	(Area Code & Daytime Telephone Number)
Enclosed please find a check mad \$\begin{align*} \$ \$25 Filing Fee	e payable to the Florida Department of State for:   S55 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

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)

2. The Florida docs L22000370474	ument/registration number assigned to this limited liability company is:
~	ember/manager withdrew/resigned or will withdraw/resign is:
(Print N MGR	, hereby withdraw/resign as a lame of Person Resigning)
	(Print Title)
of this limited lia resignation in wr Trawis Har	
( (rams that	70