

122000432250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

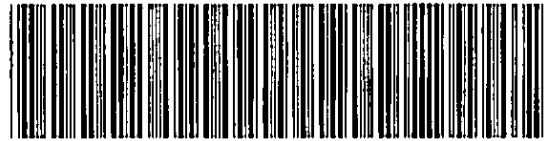
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Signature]



000395951450

10/17/22--01014--019 **25.00

22 OCT 17 AM 7:41
Filing Office

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REYES KIKE LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KIRENIA REYES Silva
(Contact Person)

(Firm/Company)

5638 CHERRY WOOD circle
(Address)

LAKELAND FL 33811
(City/State and Zip Code)

For further information concerning this matter, please call:

KIRENIA REYES Silva at (863) 397-3200
(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

☐ \$55 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

22 OCT 17 AM 7:41
FLO. DEPT. OF STATE



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: REYES KIKE LLC.

2. The Florida document/registration number assigned to this limited liability company is:

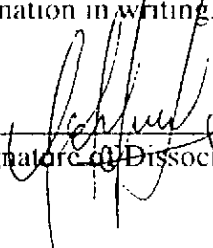
L22 000432250

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/11/2022

4. I, RUFINO REYES VALDEZ, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X 

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

22 OCT 17 AM 7:41
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE