

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
	J DENNIS	
	JUL 21 2023	

Office Use Only



900409031569

05/19/23--01015--006 **55.00

2023 MAY 19 AM 10: 37

SECRETÁRY OF STATE

COVER LETTER

-	stration Section ion of Corporations			
SUBJECT:	KAMAKANAMAIKALANI, LLC			
(Name of Limited Liability Company)				
The enclosed	l member, resignation or dissociat	ion and fee(s	s) are submitted for filing.	
Please return	all correspondence concerning th	is matter to:		
STEPHEN J S	мітн			
	(Contact Person)		_	
	(Firm/Company)		_	
PO BOX 50122	<u> </u>			
	(Address)		-	
JACKSONVIL	LE BEACH, FLORIDA 32240			
	(City/State and Zip Code)		_	
For further in	nformation concerning this matter,	please call:		
STEPHEN J SI		904	616-6077	
(N	ame of Contact Person)	t ((Area Code	& Daytime Telephone Number)	
Enclosed plead □ \$25 Filing	ase find a check made payable to t g Fee . I		Department of State for: g Fee & Certified Copy	
Regis Divis P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, 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)

of State is: RAW			·
L23000086481	ument/registration number a	ssigned to this limited liability company is:	
	·	signed or will withdraw/resign is:	
4. 1. STEPHEN SMI (Print N	FH lame of Person Resigning)	, hereby withdraw/resign as a	
MGR			
	(Print Title)		
resignation in wr	iting.	ne limited liability company has been notified	
Signature of Di	issociating Member or Resig	gning Manager S	SECRET
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ARY OF