## L24000044009

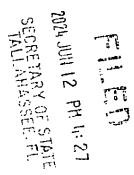
(Requestor's Name)
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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: KS DYE ENTERPRISE LLC	
(Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and feet	(s) are submitted for filing.
Please return all correspondence concerning this matter to	o: ••••••••••••••••••••••••••••••••••••
Korey Dye	
(Contact Person)	<del>-</del>
KS DYE ENTERPRISE LLC	_
(Firm/Company)	2024 SEC
10563 Piedra Drive	2024 JUH 12 PM 4: 27 SECRETYARY OF STATE STALLAHASSEE.FL
(Address)	12 17 17 17 17 17 17 17 17 17 17 17 17 17
Palmetto, FL 34221	- SEE
(City/State and Zip Code)	77 <b>2</b> 9
For further information concerning this matter, please call	l: ' 🛱 🚽
Korey R Dye at ( 941	, 779-8828
(Name of Contact Person) (Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for:
☐ \$25 Filing Fee	ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327  RECEIVED RECEIVED RAY 0.3 2024	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314





## 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 Pepartment
of State is: KSD	YE ENTERPRISE LLC		ECRE TALL
2. The Florida docu	ument/registration number as	signed to this limited liabilit	
1.24000044009			1000 PH 1000 P
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resig	n is: 04/19/2024 2
4. I. Stephanie Dye (Print N	iame of Person Resigning)	, hereby withdraw/resig	gn as a
MGR	(Print Title)		
of this limited lial resignation in wr	bility company and affirm the iting.	e limited liability company l	nas been notified of my
Slip	Dy		_
Signature of Di	ssociating Member or Resign	ning Manager RECEIVED	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	MAY 0 3 2024	