# L24000047116

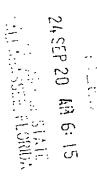
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinent Hamber)
Certified Copies Certificates of Status
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Office Use Only



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#### **COVER LETTER**

Division of Corporations	
SUBJECT: KCNL Foods LLC	
(Name of Lir	nited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Do Yup Lee	
(Contact Person)	
(Firm/Company)	
576 Hidden Lair Dr.	
(Address)	
Blue Bell, PA 19422	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Do Yup Lee	610 952-8777
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to □ \$25 Filing Fee	the Florida Department of State for:  \$\Bigsirem\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	Andreassee, Florida 32314

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)

1. The name of the limited liability company a	s it appears on the records of the Florida Department
of State is: KCNL Foods LLC	2
2. The Florida document/registration number a L24000047116	assigned to this limited liability company is:
3. The date this member/manager withdrew/res	
4. I.	hereby withdraw/resign as a
(Print Name of Person Resigning)	, hereby withdraw/resign as a
Partner/Co-owner	
(Print Title)	
of this limited liability company and affirm the resignation in writing.	he limited liability company has been notified of my
Signature of Dissociating Member or Resignature	gning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

#### **COVER LETTER**

TO: Registration Section Division of Corporation	18	
SUBJECT: KCNL Foods LL	.C	
	(Name of Limited Liability Company)	
The enclosed member, resignat	ion or dissociation and fee(s) are submitted for filing.	
Please return all correspondenc	e concerning this matter to:	
Do Yup Lee		
(Contact Pe	rson)	
(Firm/Comp	any)	
576 Hidden Lair Dr.		
(Address)		
Blue Bell, PA 19422		
(City/State and 2	ip Code)	
For further information concerni	ng this matter, please call:	
Do Yup Lee	610 952-8777	
(Name of Contact Perso		
Enclosed please find a check made payable to the Florida Department of State for:  \$\Bigsim \frac{1}{2}\$\$ \$\frac{1}{2}\$\$ \$\frac{1}{2}\$\$ Filing Fee & Certified Copy		
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

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)

1. The name of the	limited liability company	as it appears on the records of the Florida Department
of State is: KCN	IL Foods LLC	
2. The Florida docu	ıment/registration numbe	r assigned to this limited liability company is:
L2400004711	6	
3. The date this me	mber/manager withdrew/	resigned or will withdraw/resign is: Sep/01/2024
4. I, Do Yup Lee  (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print N	ame of Person Resigning)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Partner/Co-o		
	(Print Title)	_•
of this limited lia resignation in wr		n the limited liability company has been notified of my
Signature of Di	ssociating Member or Re	signing Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	