12400033335

(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:	
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Office Use Only



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06/19/24--01005--007 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Koncep Konect Serv (Name of Limited Liability Comp	ices LLC any)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Randolph Johnson (Contact Person)		
(Firm/Company)		
3060 E. College AVE Num 1	76	
RUSKIN, FL 33570 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Randolph Johnson at (917) (Name of Contact Person) (Area Code &	584 - 2075 Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida De \$25 Filing Fee	partment of State for: Fee & Certified Copy	
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee (415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	





1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Koncep Konect Services UC.
2. The Florida document/registration number assigned to this limited liability company is:
<u>L24000233375</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{06/14/26}{4}$
4.1. Margaret Johnson , hereby withdraw/resign as a (Print Name of Person Resigning)
Manager Neum Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Margaret 4 Johnson Signature of Dissociating Metaber or Resigning Manager

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