## 19800000107

(1	Requestor's Name)	_		
(Address)				
(/	Address)	_		
(1	City/State/Zip/Phone #)	_		
PICK-UP	WAIT MAIL			
(1	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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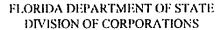
20/14

## **COVER LETTER**

_	stration Section sion of Corporations				
SUBJECT:	KR'S INTERNATIONAL, LLC				
50202011	(Name of Limited Liability Company)				
The enclosed	d member, resignation or dissoci	iation and fee(s	) are submitted for filing.		
Please return	all correspondence concerning	this matter to:			
MERCEDE	S GONZALEZ				
	(Contact Person)		_		
KR'S INTE	RNATIONAL, LLC				
	(Firm/Company)		_		
6304 NW 9	7TH AV.				
	(Address)		_		
DORAL FL	33178				
	(City/State and Zip Code)		_		
For further is	nformation concerning this matt	er, please call:			
MERCEDE	S GONZALEZ	305	5134494		
(N	Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed ple	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy		
	OURIER ADDRESS:		MAILING ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
Clifton Building		P.O. Box 6327			
2661 Execut	tive Center Circle Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	• • •	it appears on the records of the Florida Department
2. The Florida doc	<del>-</del>	signed to this limited liability company is:
HECTOR DI		gned or will withdraw/resign is:
4. 1, HECTOR RUIZ DE ZARATE  (Print Name of Person Resigning)  SALES MANAGER		, hereby withdraw/resign as a
	(Print Title)	e limited liability company has been notified of my
resignation in wr		e infliced hability company has been notified of my
Signature of Di	ssociativit Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	