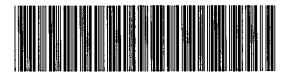
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15 JAN 22 PH 12: 55 SECRETARY OF STATE TALLAHASSEE FLORID;

J. Shivers FEB 0 3 2015

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: KFULLER T	WTERIORS LLC illity Company			
DOCUMENT NUMBER: MO600003419				
The enclosed Resignation of Registered Agent for a Linfor filing.	nited Liability Company and fee are submitted			
Please return all correspondence concerning this matter	to the following:			
KRISTINE KELLEHER FULLER Name of Person				
Name of Firm/Company	<u>, (C</u>			
15 BAY SIDE AVE				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification	on)			
For further information concerning this matter, please ca	all:			
Name of Person at (40) Area C	ode Daytime Telephone Number			
Enclosed is a check made payable to the Florida Departifiability company or \$25.00 for an administratively dissellability company.	nent of State for \$85.00 for an active limited olved, voluntarily dissolved or withdrawn limited			
MAILING ADDRESS: ST	REET ADDRESS:			
	sistration Section			
▼ · · · · · · · · · · · · · · · · · · ·	rision of Corporations			
P.O. Box 6327 Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (12/13)

Tallahassee, FL 32314

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

K. FULLER INTERIORS, LLC			
(Name of limited liability company)			_
R. 1. (Jurisdiction of its organization)			_
(Date registered with Florida Department of State)	- · · · · · · · · · · · · · · · · · · ·		
M0600003419 (Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this sta	ate.		
(Signature of authorized representative)	_		
KRISTINE KELLEHEL FULLER			
(Typed or printed name of signee)	_		
	TALLAHASSEE, FLORIDA	15 JAN 22 PH 12: 50	The sage
Filing Fee: (\$25.00)	 '		