

M 06 00000 3415

(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:

Office Use Only



300267697593

01/22/15--01007--019 \*\*50.00

15 JAN 22 PM 12:55  
STATE OF FLORIDA  
TALLAHASSEE

J. Shivers FEB 03 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: K. FULLER INTERIORS LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: M06000003419

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTINE KELLEHER FULLER  
Name of Person

K. FULLER INTERIORS, LLC  
Name of Firm/Company

15 BAYSIDE AVE  
Address

Warwick, RI 02881  
City/State and Zip Code

KFULLER10@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristine Fuller at ( 401 ) 965-9998  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

K. FULLER INTERIORS, LLC

(Name of limited liability company)

R.I.

(Jurisdiction of its organization)

6/19/2006

(Date registered with Florida Department of State)

M06000003419

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Kristine Kelleher Fuller

(Signature of authorized representative)

KRISTINE KELLEHER FULLER

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED  
15 JAN 22 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA