M17000007752

(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



000419804830

12/04/23--01031--017 **25.00

2077 TO -4 PT 4:32

COVER LETTER

_	on of Corporations		
SUBJECT:	Naples Fifth KC LLC		
	(Name o	f Limited Liability Co	mpany)
The enclosed	member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return	all correspondence concern	ning this matter to:	
Douglas Weltne	r		
	(Contact Person)		_
	(Firm/Company)		_
5331 Mission W	oods Road		
	(Address)		_
Mission Woods	, Kansas 66205		
	(City/State and Zip Code)		_
For further in	formation concerning this i	matter, please call:	
Douglas Weltne	ा	913 at (484- 41 47)
(Na	me of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed plea \$25 Filing	se find a check made paya Fee		Department of State for: g Fee & Certified Copy
Regist Divisi P.O. E	g Address: cration Section on of Corporations Box 6327 cassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
			Tallahaccee FL 32303

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)

		s it appears on the records of the Florida Department
of State is:	s Fifth KC LLC	
2. The Florida docu M17000007752	ment/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
4. I, David Harvey (Print No.	ame of Person Resigning)	, hereby withdraw/resign as a
Manager	Print Title)	
resignation in wri	ting.	ne limited liability company has been notified of my
Signature of Dis	ssociating Member or Resig	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	