

122000008904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

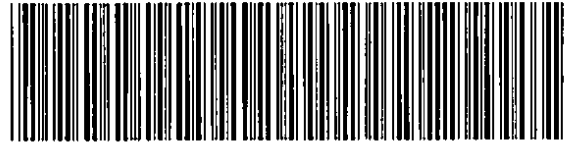
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J. HORNE
FEB 15 2023

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SECRETARY OF
TALLAHASSEE, FL

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2023 FEB 14 AM 10:26

CLERK OF
TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 02/14/2022

Acc#120160000072

mic SW

Name:	KRF Capital LLC
Document #:	
Order #:	14782173 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

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Email Address for Annual Report Notification

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Availability _____
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Verifier _____
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Ref# _____

Amount: \$ 25.00

Thank you!

CT CORP

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Acc#120160000072

en: c SW

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Plain Copy:	<input type="checkbox"/>		
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Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notification

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KRF Capital LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: M22000008904

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Bakken

(Name of Contact Person)

Lathrop GPM LLP

(Firm/Company)

500 IDS Center, 80 South 8th Street

(Address)

Minneapolis, MN 55402

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Bakken

(Name of Contact Person)

at (612)

(Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESOLUTION TO WITHDRAW
ALTERNATE NAME IN THE STATE OF
FLORIDA PURSUANT TO
605.0906 (1), FLORIDA STATUTES**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 FEB 14 AM 9:23

FILED

I, the undersigned, do hereby certify that I am the Authorized Person of

KRF Capital LLC

, a limited liability

(Name of Limited Liability Company)

company duly organized and existing under the laws of Delaware

(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

K Sports Capital, LLC

(Alternate Name Renounced in State of Florida)

DocuSigned by:



2/10/2023

Signature of Authorized Person

Date

Make check payable to Florida Department of State and mail to:

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