

#790 417



TO: SECRETARY OF STATE OFFICE

FROM: ANDREW S. LLAGUNO

RE: AGREEMENT OF WITHDRAWAL FROM PARTNERSHIP AGREEMENT

DATE: 5-29-15

I am requesting to file this letter with KAM Health & Performance LLC. A ten dollar filing fee has been enclosed.

This letter is an agreement letter with all members of KAM Health & Performance, LLC agreeing that Andrew S. Llaguno withdraws his partnership as manager and transfers his 33.3333% of the company to the remaining partners, Kim Bissonnette, and Michael Monteiro.

There is signed and notarized Agreement of Withdrawal from Partnership document enclosed.

I would also like to note that the LLC Annual Report of the Year 2014 has my last name misspelled as Andrew Liagina. The correct spelling is Andrew Llaguno 97 C Sand Plain Road, Charlestown, RI 02813. Please note the correction.

If you should have any questions please contact me at 401-255-3479.

Thank you for your time,


Andrew Llaguno.

2015 JUN -8 AM 11:45
SECRETARY OF STATE
CORPORATIONS DIV

FILED

JUN 08 2015

11:45

BY  250381



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 790417		2. Exact name of the limited liability company KAM Health & Performance, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide web based network access and educational services to the health industry	
5. Principal office address 8 Holiday Court		City Wakefield	State RI
		Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name Kim A. Bissonnette		Contact Title Manager	
Street Address 8 Holiday Court		City Wakefield	State RI
		Zip 02879	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*) * BOX FOR ATTACHMENT ☐			
Manager Name Kim A. Bissonnette		Manager Name Andrew Liagina	
Street Address 8 Holiday Court		Street Address 97 C Sand Plain Rd.	
City Wakefield	State RI	City Charlestown	State RI
Zip 02879		Zip 02813	
Manager Name Michael Mantiero		Manager Name	
Street Address 2032 Ministerial Rd.		Street Address	
City Wakefield	State RI	City	State
Zip 02879		Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

* misspelled
LLAGUNO

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11:45

BY 250381

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

Kim A. Bissonnette, Manager

Print or Type Name of Authorized Person