

**L07000110357**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

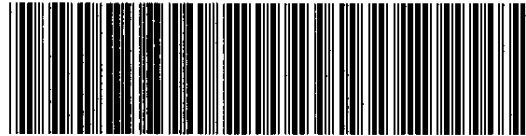
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**700186751847**

10/19/10--01025--003 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 OCT 19 AM 10:42

N. Culligan OCT 20 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

SUBJECT: Kindape Films LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** LC76097039-1

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:**

Alexander Saich  
Name of Person

Name of Firm/Company  
175 SW 7th St Suite 2115  
Address

City/State and Zip Code Miami, FL 33130

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

**For further information concerning this matter, please call:**

Name of Person \_\_\_\_\_ at ( 315 ) 495 8925  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

**Amendment Section**  
**Division of Corporations**  
**Clifton Building**  
**2661 Executive Center Circle**  
**Tallahassee, FL 32301**

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Alexander Saich

, hereby resigns as

Name of Registered Agent

Registered Agent for

Penelope Films, LLC

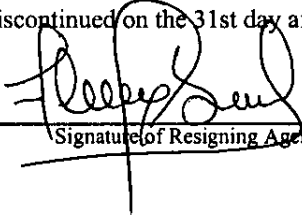
Name of Limited Liability Company

LO7000110357

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 19 AM 10:42

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314