Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000055743)))



H160000055743ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052

: (850)656-7956

Phone Fax Number

: (850)656-7953

**Enter the email address for this business entity to be used for witure annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT RESIGNATION KS REALTY INVESTMENTS, LLC

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COVER LETTER

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.

TO:	Registration Section Division of Corporations	
SUBJ	DECT: KS REALTY INVESTMENTS, LLC	·
	Name of Limited Liability	Company
DOC	UMENT NUMBER: L13000134798	
The e for fil	nclosed Resignation of Registered Agent for a Limite ing.	d Liability Company and fee are submitted
Please	e return all correspondence concerning this matter to t	he following:
DEN	ELL SPROWL	
	Name of Person	-
INCO	DRPORATING SERVICES, LTD.	
-	Name of Firm/Company	-
3500	SOUTH DUPONT HIGHWAY	
	Address	-
DOV	ER, DE 19901	
	City/State and Zip Code	-
ACC	OUNTING@INCSERV.COM	
E	-mail address: (to be used for future annual report notification)	-
For fi	orther information concerning this matter, please call:	
DEN	ELL SPROWL 302	ູ531-0707
	Name of Person Area Code	Daytime Telephone Number
Enclo liabili liabili	sed is a check made payable to the Florida Department ty company or \$25.00 for an administratively dissolve ty company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited

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

INHS17 (2/14)

H160000055743

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes	, the undersigned,			
INCORPORATING	S SERVICES, LTD.	, hereby resigns as			
	Name of Registered Agent	, 1101000 1031213 03			
Registered Agent for	(S REALTY INVESTMENTS, LLC	<u> </u>			-
	Name of Limited Liability Compar	ny .			_1
140000404700	:				
L13000134798					
Document N	umber, if known				
A copy of this resignati	ion was mailed to the above listed limited	d liability company at its last k	nown a	idress.	
The agency is terminate	ed and the office discontinued on the 31s	st day after the date on which t	his state	ment i	s filed.
	Signature of Resign	Rolle ing regent	ALL MAN	16 JAN	,
If signing on behalf of	an entity:			-7	g in i Jane Venge J
	AMY M. BALKE		mg	AH IO:	
	Typed or Printed Name		E C	Ö	(
	ASSISTANT SECRETARY				
	Capacity)	8	

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

FILING FEES:

\$ 85.00 Active limited liability company

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