P04000033712

(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

900162770319

12/16/09--01003--001 **35.00

FILED
09 DEC 14 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RA Resign.

DEC 21 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KMS tools, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000033712

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Snock
(Name of Person)

KMS tools, INC
(Name of Firm/Company)

2624 Crabapple Circle
(Address)

Boynton Beach, FL 33436
(City/State and Zip Code)

For further information concerning this matter, please call:

Sue Snock at (561) 702-4250
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, KEVIN Snock
(Name of Registered Agent)

hereby resigns as Registered Agent for KMS Tools, INC.
(Name of Corporation)

P040000 33712
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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
09 DEC 14 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Fee for filing this document:
$87.50 - Active corporation
$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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