

568869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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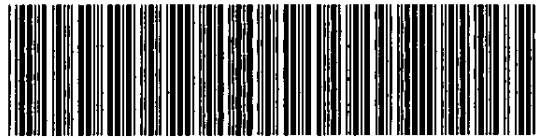
(Business Entity Name)

(Document Number)

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LA Resign

FILED  
10 MAR 11 AM 9:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

\*Roberts MAR 12 2010

GRAY ROBINSON  
ATTORNEYS AT LAW

Pamela O. Price

407-244-5607

PPRICE@GRAY-ROBINSON.COM

March 9, 2010

SUITE 1400  
301 EAST PINE STREET (32801)  
P.O. BOX 3068  
ORLANDO, FLORIDA 32802-3068  
TEL 407-843-8880  
FAX 407-244-5690  
FORT LAUDERDALE  
JACKSONVILLE  
KEY WEST  
LAKELAND  
MELBOURNE  
MIAMI  
NAPLES  
ORLANDO  
TALLAHASSEE  
TAMPA

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

**Re: Resignation of Registered Agent  
K.A.H, Inc.  
Document No.: 568869**

Dear Sir or Madam:

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:

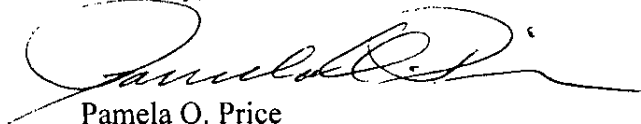
Pamela O. Price  
GrayRobinson, P.A.  
P.O. Box 3068  
Orlando, FL 32802-3068

For further information concerning this matter, please call:

Pamela Price at (407) 843-8880.

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made payable to the Florida Department of State for \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Sincerely,



Pamela O. Price

POP/km  
Enclosures

**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, **Pamela O. Price**, hereby resigns as Registered Agent for K.A.H., Inc., Document No. 568869.

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

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

  
\_\_\_\_\_  
Pamela O. Price

If signing on behalf of an entity:

\_\_\_\_\_  
(Type or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

\$87.50 – Active corporation

\$35.00 – Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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

**FILED**  
**10 MAR 11 AM 9:57**  
**CLERK OF STATE**  
**TALLAHASSEE, FLORIDA**