759090

(I	Requestor's Name)	
(/	Address)	
. (4	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	





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16 JUL 18 AMIO: 46
SECRETARY OF STORES
TAIL AHASSEE, FLORES

Ra Resignation

JUL 27 2016

D CUSHING

COVER LETTER

Division of Corporations	
GUBJECT: KENDALL WALK ASSOCIATION, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: 759090	
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:	
Robert E. Paige, Esq.	
(Name of Person)	
Paige Law Group, P.A.	
(Name of Firm/Company)	
9500 South Dadeland Blvd #550	
(Address)	
Miami, FL 33156 ≓ິຊ ສ	
(City/State and Zip Code)	Ñ
for further information concerning this matter, please call:	man- 1
	- Carrier - Carrier - Carrier
(Name of Person) (Area Code & Daytime Telephone Number)	أمرين
Inclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation r \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	1

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

TO: Amendment Section

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, Robert E. Paige, Esq.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Kendall Walk Association, Inc.	
(Name of Corporation)	
759090	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known ad	dress.
The agency is terminated and the office discontinued on the 31st day after the date on who this statement is filed.	iich
(Signature of Resigning Agent)	
If signing on behalf of an entity:	· -
(Typed or Printed Name)	6 JUL 18
(Capacity)	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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