Page 1 of 1 **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

(850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAROUAGE Account Number : 076077001702

Phone

Fax Number

: (407)841-1200 : (407) 423-1831

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

Email Address infendle@deanmead.com

REGISTERED AGENT RESIGNATION KENANSVILLE-KELLEY, LTD.

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LIMITED PARTNERSHI	P OR LIMITED LIABILITY LIMIT	Euglan Kingkship
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Pursuant to the provisions of s	ection 620.1116, Florida Statutes, the unde	rsigned,
Dean M	ead Services, LLC	, hereby resiens as
Name of	Registered Agent	
•	•	
Registered Agent for	Kenansville-Keiley, Ltd.	
Name	of Limited Partnership or Limited Liability Lin	rited Partnership
A070000006	11	
Florida Document Number,	if known	
•		
The agent is terminated on t	the 31st day after the date on which this	statement is filed by
the Florida Department of S		-
DEAN ME	AD SERVICES, ALC	
By:		
	Signature of Repistered Agent	
lf signing on behalf of an en	otitsu:	
it signing on consit of an el	itily.	
	Lauren Y. Detzel	
_ 	Typed or Printed Name	
	Vice President	
	Canacity	

Filing Fee: \$87.50 Certifled Copy (optional): \$52.50