

AZ9550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

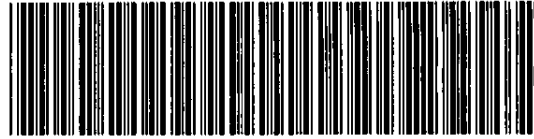
(Business Entity Name)

(Document Number)

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Date: 10-28-16

ENTITY NAME:

KINWIN LIMITED

****PLEASE FILE THE ATTACHED AND RETURN:****

Plain Copy

Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 87.50

CHECK NUMBER: 3016

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KINWIN LIMITED
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A29550

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Krystal Johnson, Paralegal
Contact Person

Miller & Martin PLLC
Firm/Company

832 Georgia Ave., Suite 1200
Address

Chattanooga, TN 37402
City, State and Zip Code

Krystal.Johnson@millermartin.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krystal Johnson at (423) 785-8477
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

\$87.50 Filing Fee \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

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

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

INHS16 (01/06)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

NRAI Services, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for KINWIN LIMITED,
Name of Limited Partnership or Limited Liability Limited Partnership

A29550
Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.

Natlie Leiba-Paul
Signature of Registered Agent

If signing on behalf of an entity:

Natlie Leiba-Paul
Typed or Printed Name

Assistant Secretary
Capacity

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

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