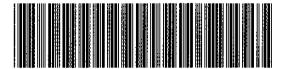
F0500001160

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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DIVISION OF CORPORATIONS

Ps 11/15 Jon Under-Inachere

COVER LETTER

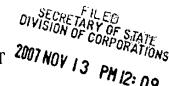
Division of C	orporations					
SUBJECT:	KL&A, INC	C. DBA KL&A (Name of Cor		<u> </u>	NC.	
	5 050000	•	porano	n <i>)</i>		
DOCUMENT NUM	IBER: F0500000	D1160				
The enclosed Resign	ation of Registered	Agent for a Co	orporat	ion and fee are	submitted for filir	ıg.
Please return all corr	espondence concert	ning this matte	r to the	following:		
NINH HO						
	(Name of Person)					
PARACORP INCO	ORPORATED					
(N	ame of Firm/Compar	ny)				
PO BOX 160568						
	(Address)					
SACRAMENTO,	CA 95816-0568					
(C	ity/State and Zip Cod	le)				
For further information	on concerning this	matter, please o	call:		*	
NINH HO		at (88	8)	886-7167		
(Name	e of Person)		Code &	Daytime Telep	hone Number)	
Enclosed is a check r or \$35.00 for an adm						orporati

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

TO:

Amendment Section



RESIGNATION OF REGISTERED AGENT 2007 NOV 13 PM 12: 09

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,				
Florida Statutes, the undersigned,	PARACORP INCORPORATED				
	(Name of Registered Agent)				
hereby resigns as Registered Agent for	KL&A, INC. DBA KL&A OF COLORADO, INC.				
	(Name of Corporation)				
F05000001160					
(Document Number, if known)	_				
A copy of this resignation was mailed to	the above listed corporation at its last known address.				
this statement is filed.	discontinued on the 31st day after the date on which				
(Sig	mature of Resigning Agent)				
If signing on behalf of an entity:					
	NINH HO				
(7	Typed or Printed Name)				
ASSIS	STANT SECRETARY				
	(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