

F98000001557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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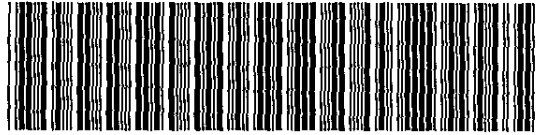
(Business Entity Name)

(Document Number)

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05 MAY 13 PM 10:40
SECRETARY OF STATE
TALLAHASSEE, FL 32301

05/13/05--01014--021 **35.00

R.A. Resign

C. Coulliette MAY 20 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KJ Specialty Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F98000001557

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:

Kim Wilson

(Name of Person)

BlumbergExcelsior Corporate Services, Inc.

(Name of Firm/Company)

62 White Street

(Address)

New York, N.Y. 10013

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Wilson

(Name of Person)

at (800) 221-2972 ext. 550

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**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, Blumberg Excelsior Corporate Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for KJ Specialty Services, Inc.

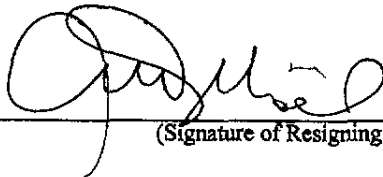
(Name of Corporation)

F98000001557

(Document Number, if known)

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

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



(Signature of Resigning Agent)

If signing on behalf of an entity:

Marc D. Moel

(Typed or Printed Name)

Asst. Secretary

(Capacity)

FILED
05 MAY 13 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**