## L000001194

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

Office Use Only



700109216367

09/11/07--01004--016 \*\*320.00

2007 SEP 11 AH 10: 00
SECRETARY OF STATE
AND AND SEPTEMBER
SECRETARY OF STATE

00° 1194

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,			
James W. Kern	hereby resigns as			
	(Name of Registered Agent)			
Registered Agent for	Key Escape, LLC, a Florida limited liability company		_	
	(Name of Limited Liability Company)			
L00000001194				
(Document N	amber, if known)			
A copy of this resigna	tion was mailed to the above listed limited liability company at its last known	address.	ı	
The agency is termina	ted and the office discontinued on the 31st day after the date on which this sta	tement i	s filed.	
	(Signature of Resigning Agent)			
If signing on behalf o	fan entity:			
		≅s	2[	
	(Typed or Printed Name)		2007 S	35T 67
	(Capacity)	SALL	SEP	<u> </u>
	, , , ,	SSE		1460%+186 
		na na	12	Lucian
	FILING FEES:	5 (O)	₫	, we have a
	\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved/		00	
	withdrawn limited liability company			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314