

To: 8506176383

From: James J. Flick

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Division of Corporations

<https://efile.sunbiz.org/scripts/efilecovr.exe>

**L01000000555**

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Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : FLICK LAW GROUP, P.L.L.  
Account Number : 120100000023  
Phone : (407)273-1045  
Fax Number : (407)273-1058

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

Email Address: jim@jfflicklawyer.com

LLC REGISTERED AGENT RESIGNATION  
KIVA OF NORTH FLORIDA, LLC

Certificate of Status	0
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

James J. Flick \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

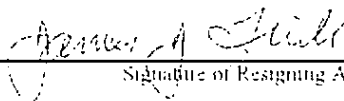
Registered Agent for \_\_\_\_\_  
Kiva of North Florida, LLC  
Name of Limited Liability Company

1.01000000555

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved; voluntarily dissolved withdrawn limited liability company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

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