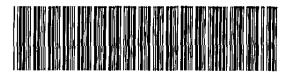
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(Re	questor's Name)	
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TRANSMITTAL LETTER

	Amendment Section Division of Corporations				
SUBJE	CT. KJD PHOTOGRAPI	HY, LLC			
SCEGE	(1	Name of Limited Liability	Company)		
DOCU	MENT NUMBER: L0200	0008655			
The enc	losed Resignation of Registe g.	ered Agent for a Limited	Liability Company	and fee are su	bmitted
Please r	eturn all correspondence cor	ncerning this matter to th	e following:		
Brenda	a Carter				
•	(Name of Person	on)			
Nation	al Corporate Research, L				
	(Name of Firm/Con	mpany)			
615 Sc	outh DuPont Highway				
	(Address)				
Dover,	DE 19901				
	(City/State and Zip	Code)			
For furt	her information concerning t	his matter, please call:			
Brenda	a Carter	at (at (483-1140		
•	(Name of Person)	(Area Code	& Daytime Telephor	ne Number)	
liability	d is a check made payable to company or \$25.00 for an accompany.	the Florida Department dministratively dissolved	of State for \$85.00 l, voluntarily dissolv	for an active l	imited wn limited
Amendr Division P.O. Bo	Address: nent Section of Corporations x 6327 see, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399	s	CO P SINE	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416((2) or 608.509, Florida Stati	ates, the undersigned,	
NATIONAL COR	RPORATE RESEAR	CH, LTD.	, hereby resigns as	
	(Name of Registered Age		, norvey realgine as	
Registered Agent for	KJD PHOTOGRAI	PHY, LLC		_
	(Name of Lin	nited Liability Company)		
L02000008655				
(Document Nu	umber, if known)			
A copy of this resigna	tion was mailed to the a	bove listed limited liability	company at its last known addres	3 S .
The agency is termina	ted and the office discor	ntinued on the 31st day after	the date on which this statemen	t is filed.
	Wayne (Signa	Mafavelli. ture of (Resigning Agent)		
If signing on behalf of	an entity:			
	Wayne Rafanelli	i		
	(T	yped or Printed Name)		
	Vice President			
		(Capacity)		
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liability	d/voluntarily dis solve d/ 🖘 💎	
		e to Florida Department of S Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	tate and mail to:	