

LO2600027343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

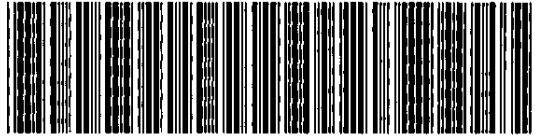
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2009 MAY 11 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

MAY 12 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KANTU, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L02000027343

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS M. LLEONART
Name of Person

LLEONART & ASSOCIATES, INC.
Name of Firm/Company

782 NW 42ND AVENUE #430
Address

MIAMI FL, 33126
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS M. LLEONART at (305) 442-0635
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

LUIS M. LLEONART

Name of Registered Agent

, hereby resigns as

Registered Agent for KANTU, LLC.

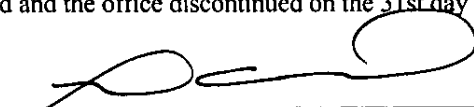
Name of Limited Liability Company

L02000027343

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:

Luis M. Leonart

Typed or Printed Name

Capacity

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

FILING FEES:

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

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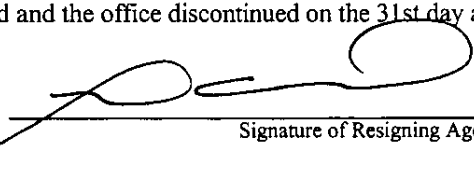
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