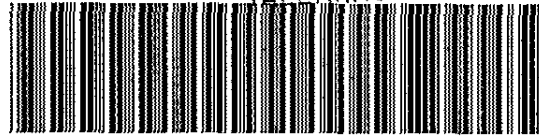


L03000003107 FILED

04 MAR 11 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000029516220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TRANSMITTAL LETTER

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TO: Amendment Section
Division of Corporations

04 MAR 11 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: www.kimberpalage.com LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: _____

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:

Philippe Alexandre
(Name of Person)

www.kimberpalage.com LLC
(Name of Firm/Company)

1933 N. E. 147TH ST.
(Address)

N. MIAMI FL 33191
(City/State and Zip Code)

For further information concerning this matter, please call:

Philippe Alexandre at (786) 208-9549
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$35.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

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**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

04 MAR 11 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JEAN C. THEARD

(Name of Registered Agent)

, hereby resigns as

Registered Agent for www.KIMBERALAGE.COM LLC

(Name of Limited Liability Company)

103000003107

(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.

Jean C. Theard

(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