# L030000 26959

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

Office Use Only

2804 NOV 29 P 4: 00



000042821900

11/29/04--01052--017 \*\*50.00

#### TRANSMITTAL LETTER

FILED

TO: Amendment Section **Division of Corporations** 2004 NOV 29 P 4: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA Name of Limited Liability Company) DOCUMENT NUMBER: LO30000 269.59 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: RONALD BEDNAREK
Name of Person) (Name of Firm/Company) 4905 34TH ST S. # 131
(Address) ST PETERS BURG FC 33711
(City/State and Zip Code)

For further information concerning this matter, please call:

Name of Person) at (727) P65-6479

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 409 E. Gaines Street Tallahassee, FL 32399

INHS17(11/02)

PLEASE CHANGE PRINCIPAL ADDRESS TO:
P.O. BOX 952
INDIAN ROCKS BEACH, FL 33785

## FILED

2004 NOV 29 P 4: 00

# SECRETARY OF STATE TALLAHASSEE, FLORIDA RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, /	DONALO	BEONAROK	, hereby resign as	MANAGER
1				(Title)
of	KI	THAN		
	=	(Limited L	iability Company)	
a limit	ed liability co	mpany organized under th	e laws of the State of _	FLORIBA
and aff	firm that the li	mited liability company h	as been notified in writi	ng of the resignation.
	(Si	gnature of resigning manag	ger, managing member (	or member)

### FILING FEE IS \$25.00

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