## L03000037689

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200089233342

04/02/07--01006--014 \*\*50.00

02/27/07--01007--008 \*\*35.00

07 APR -2 PM 2: 13
SECRETARY OF STATE

T. Rebens APR 02 2007



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2007

ELISA BRINKWORTH KRX, LLC 5750 COLLINS AVE #8A MIAMI BEACH, FL 33140

SUBJECT: KRX, LLC Ref. Number: L03000037689

We have received your document for KRX, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance due of \$50.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 207A00014480

07 APR -2 AH 8: 00
INVESION OF CORPORATIONS

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

5750 Collins Avenue #8A

(Address)

MIAMI Beach F1. 33140

For further information concerning this matter, please call:

(Name of Person) at (305) 807-0804 (Aréa 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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)



FILED

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED 2: 13 LIABILITY COMPANY TALLAHASSEE. FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Flori	da Statutes, the undersigned,
Elisa Bunkworth (Name of Registered Agent)	, hereby resigns as
Registered Agent for	
(Name of Limited Liability Company	)
<u>L030000 37689</u> (Document Number, if known)	
A copy of this resignation was mailed to the above listed limited l	iability company at its last known address.
The agency is terminated and the office discontinued on the 31st of Signature of Resigning Agen	3.28.07
If signing on behalf of an entity:	
(Typed or Printed Name)	
(Capacity)	
FILING FEES: \$ 85.00 Active limited lial \$ 25.00 Administratively withdrawn limite	GLORIA DEL VALLE  NY COMMISSION # DD 315897  EXPIRES: May 3, 2008  Borded Thru Notary Public Underwriters  Dility company  dissolved/ voluntarily dissolved/ d liability company

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