

L041000046276

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : THE VAN GENT LAW FIRM, A PROFESSIONAL ASSOCIATION
Account Number : I20050000045
Phone : (954) 315-1777
Fax Number : (954) 252-3815

REGISTERED AGENT RESIGNATION

KINGS EXCLUSIVE, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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RA
Resign

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KINGS EXCLUSIVE, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: L04000046276

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:

Ron van Gent, Esq.

(Name of Person)

The Van Gent Law Firm, a Professional Association

(Name of Firm/Company)

2881 E. Oakland Park Blvd., Suite 212

(Address)

Fl. Lauderdale, FL 33306

(City/State and Zip Code)

For further information concerning this matter, please call:

Ron van Gent

(Name of Person)

at (954) 315-1777

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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**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,

The Van Gent Law Firm, a Professional Association
(Name of Registered Agent), hereby resigns asRegistered Agent for KINGS EXCLUSIVE, LLC

(Name of Limited Liability Company)

L04000046276

(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:

Ron van Gent

(Typed or Printed Name)

Director

(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

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