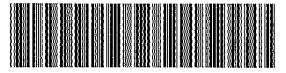
## 104000064182

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
· · ·				
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OG JAN 30 AM 10: 09
SECRETARY OF STATE

P.A. Resign.

C. Coulliette JAN 3 0 2006

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: KDA SPEIGLE ROOFING LLC	
(Name of Limited	Liability Company)
DOCUMENT NUMBER: L04000064182	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	tter to the following:
Mary Jo Spalinger, Asst. Secretary	
(Name of Person)	12
Business Filings Incorporated	! •
(Name of Firm/Company)	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
8025 Excelsior Drive #200	
(Address)	
Madison, WI 53717	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
same at (	608 , 827-5300
(Name of Person)	608 827-5300 Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
Mailing Address:Street AddressAmendment SectionAmendment SDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. GainesTallahassee, FL 32314Tallahassee, F	ection orporations Street

INHS17(11/02)



January 5, 2006

MARY JO SPALINGER BUSINESS FILINGS INCORPORATED 8025 EXCELSIOR DR., #200 MADISON, WI 53717

SUBJECT: KDA SPEIGLE ROOFING LLC Ref. Number: L04000064182

We have received your document for KDA SPEIGLE ROOFING LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 106A00000792

provide the report the public control on a first of

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.416(2) or 6	08.509, Florida Statutes, the unders	signed,
Business Filings	Incorporated	hereby resign	ns as
	(Name of Registered Agent)	<u> </u>	
Registered Agent for	KDA SPEIGLE ROOFIN	NG LLC	<b>8</b>
	(Name of Limited Lia	bility Company)	NA O
L04000064182			MIO: 09 EFT OF IT
(Document No	umber, if known)		器 8
A copy of this resigna	tion was mailed to the above li	isted limited liability company at its	last known address.
The agency is termina	ted and the office discontinued	I on the 31st day after the date on w	which this statement is filed.
	Wory 9 (Signature of	Resigning Agent)	
If signing on behalf of	f an entity:		
	Mary Jo Spalinger		
	(Typed or	Printed Name)	•
	Asst. Sec. of Busines	ss Filings Incorporated	
	(Cap	acity)	

### 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