

Apr. 8, 2009 10:07AM  
Division of Corporations

No. 5266 P. 1  
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L04000092173

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : THE LAW OFFICES OF MAX A. ADAMS, ESQ.  
Account Number : I20050000131  
Phone : (305) 887-9060  
Fax Number : (305) 888-3192

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

KIMSTORME, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

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4/8/09 RA Resign.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kimstorme, LLC

(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04000092173

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:

**Max Adams**

(Name of Person)

**The Medi-Law Firm**

(Name of Firm/Company)

**1400 Nw 10th Ave., PH 3**

(Address)

**Miami, FL 33136**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Geoffrey Schuessler**

(Name of Person)

at ( 305 ) 549-7281

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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,

Norman Levin

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Kimstorne, LLC

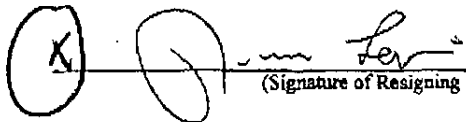
(Name of Limited Liability Company)

L04000092173

(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:

Norman Levin

(Typed or Printed Name)

Manager

(Capacity)

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09 APR - 8 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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