## L06000078237

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

Office Use Only



200147517522

06/22/09--01006--022 \*\*52.50

04/01/09--01017--024 \*\*175.00

O9 JUN 17 AM 8: 39
STORE LARRY OF STATE
ASSESSED. FLORIDA

PAllesign Thews 6-23-09

March 30, 2009

Florida, Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

> Re: Kirland 41022, LLC; Kirland 41030, LLC Kirland 40146, LLC; Kirland 41049, LLC and Kirland 41056, LLC

To Whom It May Concern:

Enclosed herein you will find the resignation of Registered Agent, for each of the five (5) named companies referenced above, along with my trust account check in the amount of \$175.00 as and for fees due in this regard.

Please process each of these resignations as soon as possible, and return acknowledgments of filing to me in the envelope enclosed.

Thank you.

Very truly yours,

7. Green

BDG:jdf Enclosures



April 2, 2009

BRUCE D. GREEN BRUCE D. GREEN, P.A. 1313 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316

SUBJECT: KIRLAND 41022, LLC Ref. Number: L06000078237

We have received your document for KIRLAND 41022, 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):

There is a balance due of \$52.50.

You completed the wrong form

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

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) 245-6043.

Letter Number: 109A00011128

Joey Bryan Regulatory Specialist II

Division of Comparations DO POV 6997 Tellahassas Florida 99914

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

			S JUN CO
Pursuant to the provisions of section 608.416(2) or 608.509, F		Florida Statutes, the undersigned,, hereby resigns as	NIT H 8: 39
	(Name of Registered Agent)		FLO 8: 3
Registered Agent for	KIRLAND 41022 LLC		RIDA
	(Name of Limited Liability Compa	any)	<del></del> ,
L06000078237			
(Document Numb	per, if known)		
A copy of this resignation	on was mailed to the above listed limited	d liability company at its last kno	own address.
The agency is terminate	ed and the office discontinued on the 319	it day after the date on which this	s statement is filed.
If signing on behalf of a	nn entity: Bruce D Green		
	(Typed or Printed Nam	e)	
	(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