

LOG0000086047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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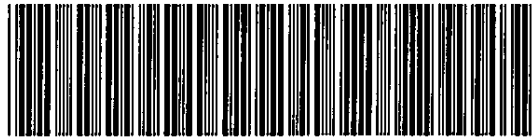
(Business Entity Name)

(Document Number)

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Designation of  
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FILED  
2007 JUL 26 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AR  
8/1/07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KITCHEN CABINETS, BEYOND LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** 206000086047

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:

SUSANNE HILL  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

11043 S. RUNNING DEER POINT  
(Address)

INVERNESS, FL 34452  
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSANNE HILL at (352) 341 2675  
(Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**FILED**  
2007 JUL 26 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

SUSANNE HILL

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

KITCHEN CABINETS & BEYOND LLC

(Name of Limited Liability Company)

106000086097

(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.

*Susanne Hill*

7/20/07

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

## FILING FEES:

~~\$ 85.00~~

\$ 25.00

Active limited liability company  
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