L06000120390

(Re	equestor's Name)			
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SECRETARY OF STATE
FALLAHASSEE, FI OR ID.

J. BRYAN

JUN 18 2009

EXAMINER

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

FILED

09 JUN 17 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

D. Green

BDG:jdf Enclosures



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2009

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

SUBJECT: KIRLAND 41030, LLC Ref. Number: L06000120390



We have received your document for KIRLAND 41030, 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):

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.

Joey Bryan Regulatory Specialist II

Letter Number: 809A00011123

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 608.416(2) or 608.509, Florid	a Statutes, the undersigned,	\$ C
Bruce D Gree	en, P.A.	, hereby resigns as	SECRETARY SECRETARY
	(Name of Registered Agent)	,	報うて
Registered Agent for	KIRLAND 41030 LLC		SER TO M
0 0 —	,		mg z
	(Name of Limited Liability Company))	FLORIDE
L06000120390)		, C.
(Document Number	er, if known)		
_	n was mailed to the above listed limited liad and the office discontinued on the 31st d		
	(Signature of Designing	Agent)	
If signing on behalf of ar	n entity:		
	Bruce D Green; P.A.		
	(Typed or Printed Name)	-	
	President/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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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