

# L07000003624

Florida Department of State  
Division of Corporations  
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Account Number : I20220000023  
Phone : (800)221-2972  
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## LLC REGISTERED AGENT RESIGNATION KISSIMMEE HEIGHTS ASSOCIATES, LLC

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KISSIMMEE HEIGHTS ASSOCIATES, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: 1.07000003624

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:

TRACEE COTTON  
Name of Person

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
Name of Firm/Company

100 WALL STREET, SUITE 503  
Address

NEW YORK, NY 10005  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACEE COTTON at (800) 221-2972 X1550  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

hereby resigns as

Name of Registered Agent

Registered Agent for KISSIMMEE HEIGHTS ASSOCIATES, LLC

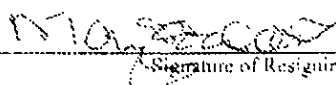
Name of Limited Liability Company

L07000003624

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:

MARY BROOKS

Typed or Printed Name

ASSISTANT SECRETARY

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

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