## L070000018109

(Requestor's Name)	•			
(411)				
(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:				
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Office Use Only



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2007 MAY -2 AM II: 30 SECRETARY OF STATE TAILAHASSEE, FLORID

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: KINGDOW DE (Name of Limite	VELOPMENT—LLC ed Liability Company)
The enclosed member, managing member or rafiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
SEGGIE (Contact Person)	· 
KINGDOM DEVELOPME	NT-LLC
3255 COMMERCIAL W.	sy
(Address)  Spring Hill FL 346  (City/State and Zip Code)	<u>06</u>
For further information concerning this matter	
(Name of Contact Person)	at ( <u>352</u> ) <u>686 75 95</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		s it appears on the records of	
	lity company was organized		
	ment/registration number o	f this limited liability compa	any is:
4. I, Print No.	RICEHANOS ame of Person Resigning)	, hereby resign as a	MGR (Print Title)
of this limited liab		ne limited liability company	has been notified of my
Signature of Resignature	gning Member, Managing N	Member or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		2007 MAY - SECRETA TALLAHAS

CR2E079 (5/06)