Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH,

Account Number: 076077001702 Phone: (407)841-1200 Fax Number: (407)423-1831

\*\*Enter the email address for this business entity to be used for future armual report mailings. Enter only one email address please.

Email Address: mfendle@deanmead.com

HII:57

## LLC REGISTERED AGENT RESIGNATION KDD AIR CONDITION STORAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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CRD firm

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 608.416(2) or 608.509, Florida Statutes, the undersigned,	
Dean Me	ad Services, LLC , hereby resigns as [Registered Agent]	
Name	Registered Agent	
Registered Agent for	KDD Air Condition Storage, LLC	ζ,
	Name of Limited Liability Company	يا بې
L070000362		Ç
-	nailed to the above listed limited liability company at its last known address.  the office discontinued on the 31st day after the date on which this statement is filed.	
<u>×</u>	Signature of Resigning Agent	
If signing on behalf of an entity	:	
; 	Christopher R. D'Amico  Typed or Printed Name  Vice President  Capacity	

FILING FEES: \$85.00 Active \$25.00 Admi 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withdrawn limited liability company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

INHS17 (08/05)