

LD7000096155

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Resignation
of RA

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2014 JUN -9 PM 5:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

DR
6/20/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KW 535, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L07000096155

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:

Diane Tolbert Covan

Name of Person

Law Office of Diane Tolbert Covan

Name of Firm/Company

1901 Fogarty Avenue, Ste 1

Address

Key West FL 33040

City/State and Zip Code

Covan@covanlaw.com

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

For further information concerning this matter, please call:

Diane Covan

Name of Person

at (305) 293-1118

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2011 JUN -9 PM 5:02
TALLAHASSEE, FLORIDA

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

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

Diane Tolbert Covan

, hereby resigns as

Name of Registered Agent

Registered Agent for KW 535, LLC

Name of Limited Liability Company

L07000096155

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.

Diane Tolbert Covan

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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