

L07000118949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

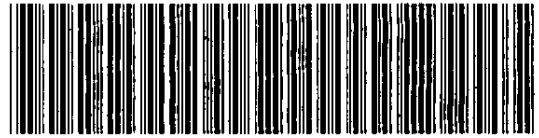
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RAPES  
01/11/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kessem Construction LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000118949

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:

Abraham Charm  
Name of Person

Kessem Construction LLC  
Name of Firm/Company

9268 Sable Ridge Circle Apt C  
Address

Boca Raton FL 33488  
City/State and Zip Code

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

For further information concerning this matter, please call:

Abraham Charm at ( 561 ) 289 2311  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET ADDRESS:

~~Amendment Section~~  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Nancy Charm, hereby resigns as  
Name of Registered Agent

Registered Agent for Kessem Construction LLC  
Name of Limited Liability Company

607000118949  
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.

Nancy Charm  
Signature of Resigning Agent

If signing on behalf of an entity:

Nancy Charm  
Typed or Printed Name  
Manager  
Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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