

05/04/2011 07:41

850-245-6030

REGISTRATION SECTION

PAGE 01/04

05/03/2011 09:30  
Division of Corporations

3054424829

ARAZOZA &amp; FERNANDEZ

PAGE 01/04

Page 1 of 1

# L08000020723

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000121630 3)))



H110001216303ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ARAZCZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.  
Account Number : 076624003440  
Phone : (305) 444-6226  
Fax Number : (305) 442-4829

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

Email Address: \_\_\_\_\_

RECEIVED

11 MAY -3 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## LLC REGISTERED AGENT RESIGNATION KESTENOR PROPERTIES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$90.00

11 MAY -3 AM 10:20

*RA Resign.*

Electronic Filing Menu

Corporate Filing Menu

Help

5-4-11

D

05/03/2011 09:30 3054424829

ARAZOZA & FERNANDEZ

PAGE 03/04

H11000121630 3

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KESTENOR PROPERTIES, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L08000020723

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

LAURA KOHN

(Name of Person)

ARAZOZA & FERNANDEZ-FRAGA P.A.

(Name of Firm/Company)

2100 SALZEDO STREET, SUITE 300

(Address)

CORAL GABLES, FL, 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA KOHN

(Name of Person)

at ( 305 ) 444-6226 x 233

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

05/03/2011 09:30

3054424829

ARAZOZA & FERNANDEZ

PAGE 02/04

850-617-6381

5/3/2011 8:33:47 AM PAGE 1/001 Fax Server



May 3, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KESTENOR PROPERTIES, LLC  
14200 SW 67TH AVE  
MIAMI, FL 33156

SUBJECT: KESTENOR PROPERTIES, LLC  
REF: L08000020723

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H11000121630  
Letter Number: 411200010654

RECEIVED  
11 MAY -3 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

## 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,

ARAZOZA & FERNANDEZ-FRAGA, P.A., hereby resigns as  
Name of Registered Agent

Registered Agent for KESTENOR PROPERTIES, LLC

Name of Limited Liability Company

L08000020723

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:

CARLOS F. ARAZOZA

Typed or Printed Name

DIRECTOR

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

11 MAY -3 AM 10:20