

L08000051148

(Requestor's Name)

(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:

Office Use Only



600197646246

03/22/11--01032--003 \*\*85.00

FILED  
2011 MAR 22 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Resignation  
TBrown 3/24/11

**M.S. MARLIN, P.A.**  
ATTORNEYS AT LAW

M.S. MARLIN  
GARY R MARLIN

SUITE 303  
250 CATALONIA AVENUE  
CORAL GABLES, FLORIDA 33134  
AREA CODE 305, TELEPHONE 442-8228  
FAX 305-446-7838

March 17, 2011

AMENDMENT SECTION  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: KIET REAL ESTATE SERVICES, LLC.

DOCUMENT NUMBER: L08000051148

Dear Sir:

Enclosed please find the following pertaining to the above corporation:

1. Original Resignation Of Registered Agent For A Limited Liability Company.
2. My check, made payable to the Florida Department of State in the sum of 85.00.

I would appreciate you changing your records to reflect the Resignation as soon as possible.

Thank you.

Yours truly,



GARY R MARLIN

GRM:tm

Encls.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KIET REAL ESTATE SERVICES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000051148

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:

Gary R Marlin, Esq.  
Name of Person

M.S. Marlin, P.A.  
Name of Firm/Company

250 Catalonia Avenue, Suite 303  
Address

Coral Gables, Florida 33134  
City/State and Zip Code

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

For further information concerning this matter, please call:

Gary R Marlin, Esq. at ( 305 ) 442-8228  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

WALFREDO I. CONSUEGRA III

Name of Registered Agent

Registered Agent for

KIET REAL ESTATE SERVICES, LLC

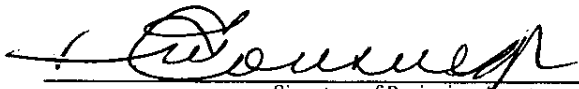
Name of Limited Liability Company

L08000051148

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:

\_\_\_\_\_  
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

FILED  
2011 MAR 22 AM 11:02  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE