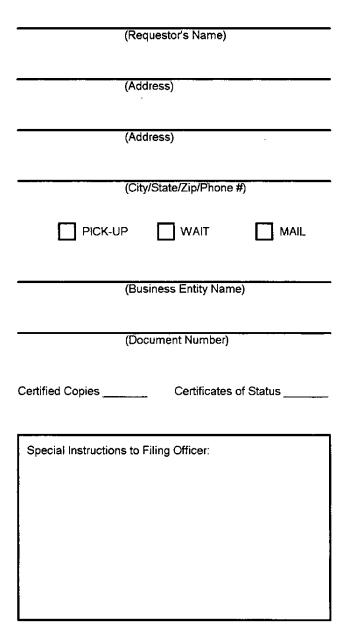
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Office Use Only



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TALLAHASSEE, FLORIDA

B. BOSTICK OCT **2 2** 2013

EXAMINER

COVER LETTER

Kidzaroni, LLC Name of Limited Liability Company DOCUMENT NUMBER: L08000092937 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: Ruth A. Martell Name of Person BDB Agent Co. Name of Firm/Company 3800 Embassy Parkway, Suite 300 Akron, OH 44333 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ruth A. Martell Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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	f section 608.416((2) or 608.509, Florida St	tatutes, the undersigne	ed,		
Name of Registered Agent			, hereby resigns as	í		
Registered Agent for Kidz	zaroni, LLC					
	Name of Lim	ited Liability Company			,	
L08000092937						
Document Numbe	r, if knowπ					
A copy of this resignation w	vas mailed to the a	bove listed limited liabili	ity company at its last	known a	ddress.	
The agency is terminated ar	nd the office disco	ntinued on the 31st day a Control Signature of Resigning Ager	\	ı this state		filed.
If signing on behalf of an entity:				A.	201	
Ruth A. Martell				7-7-7-1 7-7-1 7-7-1	2013 DC 1 21	
Typed or Printed Name			S .	L2	•	
Assistant Secretary				min.	_	
		Capacity		ELORIDA SELORIDA	PK 6: 37	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso	/ company plyed/ voluntarily dis- bility company	solved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314