109000072251

(Rec	questor's Name)	•				
(Add	dress)					
(Add	iress)					
(City	//State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bus	siness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to F	Filing Officer:					

Office Use Only



300257513113

03/10/14--01004--007 **25.00



M. MILLIGAN EXAMINER

MAR 21 2014

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Klanwell Research Laboratories, LLG Name of Limited Liability Company
DOCUMENT NUMBER: LOGODO 7 2251
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:
Andrew R. Friedman Name of Person
Friedman Rosenwaller & Goldhaum, PA Name of Firm/Company
284 Hotchison Rd Address
Paris Ky 40761 1 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Arca Triedman at (859) 255-1944 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

STREET ADDRESS:

Division of Corporations

2661 Executive Center Circle

Registration Section

Tallahassee, FL 32301

Clifton Building

INHS17 (12/13)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section



Andrew R. Friedman

284 Hutchison Road Paris, KY 40361 Phone: 859.255.1944 Fax: 859.422.5055

afriedman@frglaw.com www.frglaw.com

March 3, 2014

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Klaumwell Research Laboratories, LLC

Flawless Telemarketing, LLC The White Rose Logistics, LLC

Dear Sir/Madam:

Enclosed herewith for filing please find three (3) Resignation of Registered Agent Forms for the above referenced limited liability companies, along with three checks in the amount of \$25.00 each to cover the filing fees (each of these entities have been administratively dissolved).

Thank you for your attention to this matter.

Sincerely,

Andrew R. Friedman

ARF Encl.

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Flo	orida Statutes,	the undersign	ed,			
	Name of Registered Agent			eby resigns as			
Registered Agent for	Claumuell R	erearch	Labora	fories, Lc	<u> </u>		
	Name of Limited L	Liability Compan	у		.		
L09 0000 7 Document Nur							
A copy of this resignation	n was mailed to the above	e listed limited	liability comp	oany at its last k	nown addre	SS.	
The agency is terminated	The word	ned on the 31st		date on which t	his statemen	nt is fil	ed.
If signing on behalf of an	·	_			-1		
	Edmo-do Typed o	or Printed Name	fano	·····		WH AM	: j
	Ca	ipacity				Ö	[]
	FILING FEE \$ 85.00 Ac \$ 25.00 Ad wi	S: tive limited li lministratively ithdrawn limit	ability compa dissolved/voed liability co	ny oluntarily disso ompany	lved/		**

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327
Tallahassee, FL 32314