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1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED REGISTERED AGENT RESIGNATIONS FOR:

KONA PROPERTIES, LLC

PLEASE RETURN A STAMPED COPY

CHECK# 8454 FOR: \$650.00 (\$25.00 for this filing)

THANK YOU!

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the un	dersigned,	
ATRIUM REGISTERED AGENTS, INC.		, hereby resigns as	
	Name of Registered Agent	_, , ,	
Registered Agent for	(ONA PROPERTIES, LLC		
	Name of Limited Liability Company		,
L10000122924			
Document N	lumber, if known		
	ion was mailed to the above listed limited liabilitied and the office discontinued on the 31st day a		filed.
	Signature of Resigning Ager	· .;	YON BR
	V Signature of Resigning Figure	•	=======================================
If signing on behalf of	• •	.	
	RALPH A. NARDI	.•	<u> </u>
	Typed or Printed Name		يت
	VICE PRESIDENT, DIRECTOR		<u> </u>
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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