

(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



500248074925

~~DOS 456789-0000000000~~  
~~RECEIVED 05/20/13~~  
~~05/20/13 01020 000~~

05/20/13--01020--007 \*\*85.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAY 21 AM 11:51

MAY 22 2013

T. HAMPTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LN KICKS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000037380

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:

ROBIN MOLT  
Name of Person

CORPORATION SERVICE COMPANY  
Name of Firm/Company

80 STATE STREET 10TH FL  
Address

ALBANY NY 12207  
City/State and Zip Code

RMOLT@CSCINFO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN MOLT at ( 518 ) 433-7018  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

CORPORATION SERVICE COMPANY

Name of Registered Agent

, hereby resigns as

Registered Agent for LN KICKS LLC

Name of Limited Liability Company

L13000037380

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.

CORPORATION SERVICE COMPANY

Robin Molt

Signature of Resigning Agent

If signing on behalf of an entity:

ROBIN MOLT

Typed or Printed Name

asst secretary

Capacity

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAY 21 AM 11:51

### 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