L14000141316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kira Capital, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000141316

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:

Jay W Livingston, Esq.
Name of Person

Livingston & Sword P.A.
Name of Firm/Company

391 Palm Coast Parkway SW #1
Address

Palm Coast, FL 32137
City/State and Zip Code

jay.livingston314@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay Livingston at (386) 439-2945
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, volantarily dissolved or withdrawn limited liability company.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Livingston & Sword PA, hereby resigns as
Name of Registered Agent

Registered Agent for Kira Capital LLC

Name of Limited Liability Company

L14000141316
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 designation on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Jay Livingston
Typed or Printed Name

President - Livingston & Sword PA
Capacity

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2014 FEB -3 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FL

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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)