Ware, Amber S.

Foley & Lardner LLP

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Division of Corporations

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Account Name : FOLEY & LARDNER

Account Number : 072720000061

Fax Number

Phone : (904)359-2000 : (904)359-8700

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TO: Registration Section Division of Corporations

SUBJECT: KENMARC HOLDINGS LLC				
Name of Limi	ted Liability	Company		
DOCUMENT NUMBER: L14000186887		المناف المادي ورواي المادة الم	Address of the second s	
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and	l fee are submitte	d
Please return all correspondence concerning this	matter to the	e following:		
CHARLES V. HEDRICK				
Name of Person				
F&L CORP				
Name of Firm/Company				
ONE INDEPENDENT DRIVE STE 1300				
Address	_			
JACKSONVILLE, FL 32202			<u> المنب</u> بري أسب	
City/State and Zip Code	 		ALC:	
			芸芸	
E-mail address: (to be used for future annual report n	otification)		-5 M	1
For further information concerning this matter, p	lease call:			3
AMBER WARE	904	359-8768	SE T	
Name of Person	Area Code	Daytime Telephone Nu	mber 77	
Enclosed is a check made payable to the Florida	Department	of State for \$85.00 for	an active limited	l ni:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

F & L CORP	i i u.cue nonces to anoisiv	5, Florida Statutes, the un	dersigned,		
FALCORP	Name of Registered Age	n#	, hereby resigns as		
Registered Agent fo	KENMARC HOLDI				
	Name of Lin	ited Liability Company			
L14000186887					
Docume	nt Number, if known				
A copy of this resig	nation was mailed to the	above listed limited liabili	ty company at its last known address.		
The agency is term		ontinued on the 31st day at	fter the date on which this statement is filed.		
If signing on behalf of an entity:			Na Se		
CHARLES V. HEDRICK		EDRICK	5号 重 用		
	AUTHORIZED S	yped or Printed Name SIGNATORY	FILE FILE		
		Capacity	OF STATE		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company ved/voluntarily dissolved/ ility company		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL-32314

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