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Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,

Account Number : 076424003301

Fax Number

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Email Address:

mitch.roop@gmail.com

P.A.

LLC REGISTERED AGENT RESIGNATION KINSMEN RESTAURANT GROUP, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the	ne undersigned,		
TK Registered Ag	, hereby resigns as			
-	Name of Registered Agent	, not only realigns us		
Registered Agent for	Kinsmen Restaurant Group, LLC			
	Name of Limited Liability Company		<u></u> ,	
L14000195854				
Document	Number, if known			
A copy of this resigna	tion was mailed to the above listed limited l	iability company at its last known addre	ess.	
The agency is termina	ted and the office discontinued on the 31st o	lay after the date on which this statemer	nt is filed.	
	Signature of Resigning	Agent SS	16 DEC	***************************************
If signing on behalf of an entity:			<u> </u>	Lancas de Securito de la constante de la const
	Julia S. Lee	77 24		17
	Typed or Printed Name	91	₹	-
	Attorney	ž:	္	_ /
	Capacity		57	

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25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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

INH\$17 (2/14)