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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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K.GALY EXAMINER AUG 29

COVER LETTER

SUBJECT: Kick N BAR LLC Name of Limited Liability Company			
DOCUMENT NUMBER: 15000 102 051			
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:			
ZULLY BOLATIOS Name of Person			
Kick N BAR Name of Firm/Company			
7207 Bay DR #20 Address			
Miami Beach, FL 33141 City/State and Zip Code			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
Zully Bolanos at (306) 300 392) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations

TO:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the und	ersigned,	<u> _</u>
ZULLY BOLANOS	_ , hereby resigns as	DISTRICT TO THE PARTY OF THE PA
Name of Registered Agent		
Registered Agent for KICK N BAR, LLC		- 15 P
Name of Limited Liability Company		1. 55
L15000 108051		,
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability	y company at its last k	nown address.
The agency is terminated and the office discontinued on the 31st day after	er the date on which t	his statement is filed.
Signature of Resigning Agent		
If signing on behalf of an entity:		
ZULLY BOLANOS Typed or Printed Name		
MGR and Register	Agent	

FILING FEES:

\$85.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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