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To: Division of Corporations  
Fax Number : (850)617-6383

P.A. From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,  
Account Number : 076424003301  
Phone : (813)223-7474 09-4595/JSL  
Fax Number : (813)227-0435

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mitch.roop@gmail.com

RECEIVED  
2016 DEC 19 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
KINSMEN MANAGEMENT SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

DIVISION OF CORPORATIONS  
16 DEC 19 AM 9:56

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**O SIMMONS  
DEC 20 2016**

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

TK Registered Agent, Inc.

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for Kinsmen Management Services, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L16000000786

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.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Julia S. Lee

\_\_\_\_\_  
Typed or Printed Name

Attorney

\_\_\_\_\_  
Capacity

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DIVISION OF CORPORATIONS

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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