Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843

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

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LLC REGISTERED AGENT RESIGNATION KENDALL JADE PROPERTIES, LLC

Certificate of Status	0
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TO: Registration Section

COVER LETTER

SUBJECT: KENDALL JADE PROPERTIES, LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L18000126217	
The enclosed Resignation of Registered Agent for a Limited for filling.	
Please return all correspondence concerning this matter to the	he following:
TRACEE COTTON	
Name of Person	-
BLUMBERGENCELSIOR CORPORATE SERVICES, INC.	
Name of Firm/Company	-
100 WALL STREET, SUITE 503	
Address	-
NEW YORK, NY 16005	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
TRACEL: COTTON at (800 Area Code	\221-2972 \X1550
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmentiability company or \$25.00 for an administratively dissolve limited liability company.	at of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn

Mailing Address:

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

Street Address:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115	f, Florida Statutes, the v	ndersigned,	
BLUMBERGENCELS	IOR CORPORATE SERV	VICES, INC.	, hereby resigns as	
***************************************	Name of Registered Agen	ıt	, , , , , , , , , , , , , , , , , , , ,	
Registered Agent for	KENDALL JADE PROPI	ERTIES, LLC		
	Name of Limi	ited Liability Company		······································
L18000126217				
Document 1	Number, if known	********		
A copy of this resigna-	tion was mailed to the al	bove listed limited liabi	lity company at its last l	known address.
The agency is termina		and the same	after the date on which t	this statement is filed.
	10.00- 6	Fignaffice of Resigning Ag	ent	
If signing on behalf of	an entity:	XP		
. 4	MARY BROOKS			
	Ty	yped or Printed Name	·····	
	ASSISTANT SECRE			
		Capacity	19 24 04 14 17 1540 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	FILING \$ \$5.00 \$ 25.00	Active limited liabilit	olved/voluntarily disso	2022 FEB 23
	Make checks payab	le to Flortda Departmen Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	15	AM 8: 28