

MD1 000001088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

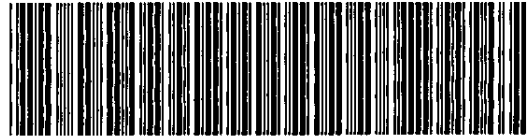
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC -9 PM 12:58

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T. CLINE

DEC 12 2011

EXAMINER



Wolters Kluwer
Corporate Legal Services

CT Corporation

111 Eighth Avenue
New York, NY 10011

212 894 8940 tel
212 590 9180 fax
www.ctcorporation.com

December 1, 2011

RE: KMC PALM LAKE APARTMENTS (FLORIDA) LLC. (DE.DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount of \$ 25.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA:lf
Enclosure

2011 DEC -9 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

(Name of Registered Agent)

, hereby resigns as

Registered Agent for KMC PALM LAKE APARTMENTS (FLORIDA) LLC (DE.DOM.)

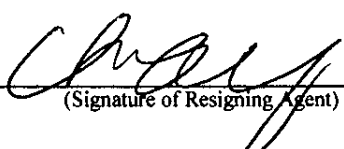
(Name of Limited Liability Company)

M01000001088

(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:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC -9 PM 12:50

FILED