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(Requestor's Name)					
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(City/State/Zip/Phone #)					
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. PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
TALLAHASSEE, FI OBIN

R.A. Resign G. Gouttiette AUG 0 8 2008

#### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: K & S CORAL TRACE, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: M04000002066
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:
TUNISHA SCOTT
(Name of Person)
INCORPORATING SERVICES, LTD.
(Name of Firm/Company)
3500 S. DUPONT HWY,
ルニシミグードでう (Address)
DOVER, DE 19901
(City/State and Zip Code)
For further information concerning this matter, please call:
TUNISHA SCOTT at ( 302 ) 531-0855 (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399
Number 17 (11/02)
INHS17(11/02)

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

Pursuant to the provision	as of section 608.416(2) or 608.5	09, Florida Statutes, the under	rsigned,		
INCORPORATING	SERVICES, LTD.	, hereby resig	, hereby resigns as		
	(Name of Registered Agent)	, , , , , ,			
Registered Agent for					
K & S CORAL TRA	CE, LLC				
1	(Name of Limited Liability	(Company)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
M04000002066					
(Document Numl	per, if known)				
	n was mailed to the above listed d and the office discontinued on (Signature of Resign	the 31st day after the date on v			
If signing on behalf of an	n entity:		08 A LECRI		
	CANDICE B. SWETLAN	D	ASA S		
	(Typed or Print ASSISTANT SECRETAR	•	SEE. P		
	(Capacity)	)	MHID: 47 OF STATE FLORIDA		

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

#### TRANSMITTAL LETTER

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SUBJECT: K & S CORAL TRACE, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: M0400002066
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(Name of Person)
INCORPORATING SERVICES, LTD.
(Name of Firm/Company)
3500 S. DUPONT HWY,
(Address)
DOVER, DE 19901
(City/State and Zip Code)
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INHS17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 608.416	(2) or 608.509, Florida Stat	lutes, the undersign	ied,
INCORPORATING SERVICES, LTD.		_, hereby resigns as		
. (	Name of Registered Age		_, norcey resigns a	
Registered Agent for				
K & S CORAL TRAC	E, LLC			
,	(Name of Lir	mited Liability Company)	•	
M04000002066				
(Document Numbe	er, if known)	<del></del>		
A copy of this resignation	was mailed to the a	above listed limited liability	company at its las	st known address.
The agency is terminated	India	ontinued on the 31st day after t	er the date on whic	h this statement is filed.
If signing on behalf of an	entity:			A SE
CANDICE B. SWETLAND				CR.
(Typed or Printed Name) ASSISTANT SECRETARY				UG-1
<del>-</del>		(Capacity)	<del></del>	mo = m
				MID: 47 OF STATE FLORIDA
	FILING \$ 85.00			
	\$ 25.00	Active limited liability c Administratively dissolv withdrawn limited liabil	ed/voluntarily dis	ssolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314