

M 0400000 2066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

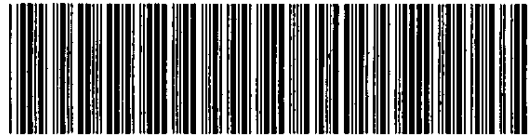
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08 AUG - 1 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Resign.

G. Goulet

AUG 08 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,  
(Address)

DOVER, DE 19901  
(City/State and Zip Code)

For further information concerning this matter, please call:

TUNISHA SCOTT at ( 302 ) 531-0855  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

## 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,

INCORPORATING SERVICES, LTD.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

K & S CORAL TRACE, LLC

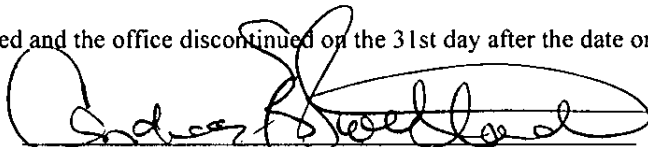
(Name of Limited Liability Company)

M04000002066

(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:

CANDICE B. SWETLAND

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

**FILED**  
08 AUG - 1 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILING FEES:

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>withdrawn limited liability company |

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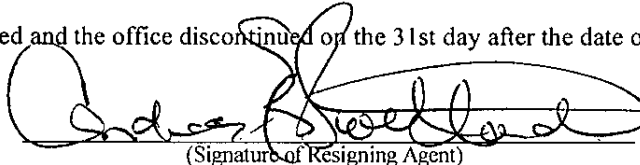
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