M04000002454



(City/State/Zip/Phone #)			
. PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to F	Filing Officer:		

Office Use Only



400106902754

08/03/07--01034--005 **35.00

O7 AUG -3 PH 4: 29
SECRETAIN OF STATE
ALLAHASSEE ET COLE

RA Pes,

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	7.1509,
Florida Statutes, the undersigned, INCORPORATING SERVICES, LTD (Name of Registered Agent)	
hereby resigns as Registered Agent for K & S OAK GROVE VILLAS, LLC (Name of Corporation)	,
M0400002454	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kn	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	e on which
(Signature of Resigning Agent)	-
If signing on behalf of an entity:	O7 AI SECRITALLA
Katherine A. Jordan (Typed or Printed Name)	JG-3 PM
Assistant Secretary	4: 25 TATE ORIDA
(Capacity)	St. 20

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

rursuant to the provisions of sections 607.030	2(2), 017.0302(2), 007.1309, 01 017.1309,
Florida Statutes, the undersigned, INCORP	ORATING SERVICES, LTD
•	(Name of Registered Agent)
hereby resigns as Registered Agent for K&S	3 OAK GROVE VILLAS, LLC
	(Name of Corporation)
M04000002454	
(Document Number, if known)	
A copy of this resignation was mailed to the a	bove listed corporation at its last known address.
The agency is terminated and the office discorthis statement is filed.	ntinued on the 31st day after the date on which
Kothvun (Signature	Z A. Stalan of Resigning Agent
If signing on behalf of an entity:	
	7 SE SE
Katherine A. Jo	ordan AR A
(Typed	or Printed Name)
	SEE O
Assistant Secre	
	(Capacity)
	97 2 7

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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