Division of Corporations Electronic Filing Cover Sheet

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(((H100001917183)))



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : I20050000052

: (302) 531-0855

Phone

Fax Number

: (850)656-7953

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LLC REGISTERED AGENT RESIGNATION K & S NORTH TITUSVILLE, LLC

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SEP - 1 2010

Aug. 31. 2010 2:28PM

Incorporating Services, LTD.

P. # 2/3 -_No. 6802

(((H10000191718 3)))

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: K & S NORTH TITUSVILLE, LLC	
(Name of Limited Liability	Company)
DOCUMENT NUMBER: M05000002945	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
EDIE WHITEBREAD	
(Name of Person)	
INCORPORATING SERVICES, LTD.	
(Name of Firm/Company)	
1540 GLENWAY DRIVE	
(Address)	,
TALLAHASSEE, FL 32301	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
EDIE WHITEBREAD at (800	346-4646
	& 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

DNHS17(11/02)

Aug. 31. 2010 2:28PM

Incorporating Services, LTD.

No. 6802 P. 3/3

(((H10000191718 3)))

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	ons of section 608.416(2) or 608.509,	Florida Statutes, the undersigned	THE TOTAL TO
INCORPORATION	G SERVICES, LTD.	, hereby resigns as	Par
	(Name of Registered Agent)		
Registered Agent for	K & S NORTH TITUSVILLE, LI	LC	The state of the s
	(Name of Limited Liability Con	mpany)	
M05000002945			
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	urber, if known)		
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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withdrawn limited liability company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 Tallahamor, FL. 32314