m07000003140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10 9.17.14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LN KENSINGTON PARK, LLC (FL. DOM.)
Name of Limited Liability Company

DOCUMENT NUMBER:

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:

THERESA ALFIERI
Name of Person

C T CORPORATION SYSTEM
Name of Firm/Company

111 EIGHTH AVENUE 13TH FLOOR
Address

NEW YORK, NY 10011
City/State and Zip Code

Theresa.Alfieri@Wolterskluwer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THERESA ALFIERI at (212) 894-8516
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (12/13)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

C T Corporation System , hereby resigns as
Name of Registered Agent

Registered Agent for LN KENSINGTON PARK, LLC (FL. DOM.)

,
Name of Limited Liability Company

M07000003660
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.

C T Corporation System
By: _____
Signature of Resigning Agent

If signing on behalf of an entity:

C T Corporation System - Theresa Alfieri
Typed or Printed Name

Assistant Secretary
Capacity

14 SEP 10 PM 1:29

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (12/13)