Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of C			
	Fax Number	: (850)617-6383	•	
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From:				
	Account Name	: INCORPORATING SERVICES FL	•	7.
	Account Numbe	r : I20050000052		č
	Phone	: (850)656-7956	٠ ــ	
	Fax Number	: (850)656-7953	6.0	
*Entan		ss for this business entity to be used	_	

## LLC REGISTERED AGENT RESIGNATION KEP PALM BAY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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TO: Registration Section Division of Corporations

## COVER LETTER

Name of Limited Liability	Company
DOCUMENT NUMBER: M08000002698	
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 th	c following:
PHYLLIS D. BROWN	
Name of Person	
INCORPORATING SERVICES, LTD.	
Name of Firm/Company	
3500 SOUTH DUPONT HIGHWAY	
Address	
DOVER, DE 19901	
City/State and Zip Code	
RADIV@INCSERV.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
PHYLLIS D. BROWN at ( )	346-4646
	Daytime Telephone Number

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STRE T ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, tile un	dersigned,		
INCORPORATIN	, hereby resigns as			
	Name of Registered Agent	, nercoy resigns as		
Registered Agent for _	KEP PALM BAY, LLC			
	Name of Limited Liability Company			
M08000002698				
Document?	Number, if known			
A copy of this resignat	tion was mailed to the above listed limited liabili	ty company at its last known addres	·c	
	Phylic D. Dious.  Signature of Resigning Ager		is filed: -، •••	
If signing on behalf of	: OCT	í. •-:		
	PHYLLIS D. BROWN 🕟 🐰	, <u> </u>	Tak	
	Typed or Printed Name ASSISTANT SECRETARY		_	
	Capacity	ره در : ناز		
	\$85.00 Active limited liability \$25.00 Administratively disso withdrawn limited liab	company lved/voluntarily dissolved/ ility company		

Make checks payable to Florida Department of State and mail to:
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314