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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 : (702)866-2500 : (702)900-2290 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION KWK ARCHITECTS, LLC

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TO: Registration Section

COVER LETTER

Division of Corporations		
SUBJECT: Name of Limited		
Name of Embled	Liability Company	
DOCUMENT NUMBER: M18000007995		
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted	
Please return all correspondence concerning this ma	iter to the following:	
Wendy Hefley		
Name of Person	***************************************	
Incorp Services, Inc.		
Name of Firm/Company	······································	
9107 West Russell Road, Suite 100		
Address	··············	
Las Vegas. NV 89148-1233		
City/State and Zip Code		
processing@incorp.com		
E-mail address. (to be used for future annual report notifi	cation)	
For further information concerning this matter, please	se call:	
Incorp Services, Inc./Wendy Hefley at (2 , 866-2500 ext 6904	
Name of Person Are	ca Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida Depliability company or \$25.00 for an administratively cliability company.	partment of State for \$85.00 for an active limited lissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	

Clifton Building

Tallahassec, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115, Florida Statutes, the un-	dersigned,	
Incorp Services	Inc.	_ , hereby resigns as	
	Name of Registered Agent	<u></u> · · · · · · · · · · · · · · · · ·	
Registered Agent for	KWK ARCHITECTS, LLC		
	Name of Limited Liability Company		
M180000079	995		
Documen	Number, if known		
•	ation was mailed to the above listed limited liabilit ated and the office discontinued on the \$1st day at		
The agency is termin	Signature of the significances		
If signing on behalf o	of an entity:	· . 	s [1]
	Wendy Hefley for Incorp Services, Inc		5 O
	Typed or Frinted Name	2. 2	၁
	Authorized Representative	- 	ું છે.
	Capacity		اِد _ا •ند-

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:
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P.O. Box 6327
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