

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.

(((H17000123330 3)))



H170001233303ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

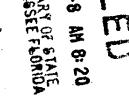
Account Name : INCORPORATING SERVICES FL

Account Number : 120090000052

: (850) 656-7956

Phone Fax Number

t (850) 656-7953



400

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

Email	Address:			

## LLC REGISTERED AGENT RESIGNATION K & S WATERFORD COMMERCIAL, L.L.C.

0
0
02
\$85.00

HARRIS

2000 HAY -8 PM 4:3

Electronic Filing Menu

Corporate Filing Menu

Help

907

. . . .

00

Эć

H17000123330 3

## **COVER LETTER**

SUBJECT: K & S WATERFORD COMMERCIAL, L.L.C.  Name of Limited Liability Company					
DOCUMENT NUMBER; M9700000404					
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted				
Please return all correspondence concerning this matter to t					
Tunisha Scott	ν. 				
Name of Person	-				
Incorporating Services, Ltd.					
Name of Firm/Company	-				
3500 S Dupont Hwy					
Address	<del>.</del>				
Dover, DE 19901					
City/State and Zip Code	-				
RAdiv@Incserv.com					
E-mail address: (to be used for future annual report notification)	• <u> </u>				

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

302

## **MAILING ADDRESS:**

Name of Person

**Tunisha Scott** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

531-0855

Daytime Telephone Number

INHS17 (2/14)

(-2

 $\langle \gamma \gamma \rangle$ 

H170001233303

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

Pursuant to the provisions of section 605.0115, Florid	a Statutes, the undersigned,
Incorporating Services, Ltd.	, hereby resigns as
Name of Registered Agent	, , , , , , , , , , , , , , , , , , , ,
Registered Agent for K & S WATERFORD COM	MERCIAL, L.L.C.
Name of Limited Liabi	lity Company
M97000000404	
Documont Number, if known	
	an the 31st day after the date on which this statement is filed.
MA	of Resigning Agent
,	
If signing on behalf of an entity:	
Tunisha Scott	AC A
Typed or Pr	inted Name
Asst. Secretary	
Capaci	FES. 9. C
FILING FEES:	ATE 20
\$ 25.00 Admir	e limited liability company distratively dissolved/ voluntarily dissolved/ rawn limited liability company

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

INHS17 (2/14)