(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

FLORIDA ASSOCIATION SES PROVIDERS, INC. (Name of Corporation) N09000001092 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kenneth R. Uncapher (Name of Person) Carlton Fields, P.A. (Name of Firm/Company) 450 S. Orange Ave., Suite 500 (Address) Orlando, FL 32801 (City/State and Zip Code) For further information concerning this matter, please call: Kenneth R. Uncapher (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address:** Mailing Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** Post Office Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

ATLANTA MIAMI

ORLANDO

ST. PETERSBURG
TALLAHASSEE
TAMPA
WEST PALM BEACH

CARLTON FIELDS

ATTORNEYS AT LAW

Kenneth R. Uncapher 407,244,8254 direct kuncapher@carltonfields.com CNL Center at City Commons 450 S. Orange Avenue, Sulte 500 Orlando, Florida 32801-3336 P.O. Box 1171 Orlando, Florida 32802-1171

407.849.0300 407.648.9099 fax www.carltonfields.com

September 27, 2010

Florida Department of State Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re:

The Kimball Companies, LLC

Our File No. 00576-52531

Dear Sir/Madam:

Enclosed please find the following:

1. Officer/Director Resignation for Florida Association SES Providers, Inc.

I have enclosed our check in the amount of \$35.00 for your fee.

Kenneth R. Uncapher

KRU/bb Enclosures

FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2010 SEP 30 PM 44.48

SEGRETARY OF STATE TALEAHASSEE, FLORIDA

I. Neal Kimball also known a	s Neil Kimball, hereby resign as
,	(Title)
of Florida Association of SES	Providers, Inc.
	lame of Corporation)
N0900001092 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	Marchine of residence of the second
	(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314