P03000036476

•		
	(Requestor's Name)	
	(Address)	
	(Address)	
, , , , ,	(City/State/Zip/Phone #)	
PICK-L	IP WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instruction	s to Filing Officer:	
1		
	<u> </u>	

Office Use Only



600164293046

02/01/10--01037--027 **87.50

FILED
10 FEB -1 AMII: 12
MONETANCE FILED
MITANIANE

My Stan

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: K&L Development, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P03000036476
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark A. Brionez
(Name of Person)
McLin Burnsed, P.A.
(Name of Firm/Company)
Post Office Box 491357
(Address)
Leesburg, Florida 34749
(City/State and Zip Code)
For further information concerning this matter, please call:
Mark Brionez at (352) 787-1241 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314
and and a significant of the state of the second and a se

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned,	Mark A. Brionez	
, 0 ,	(Name of Registered Agent)	
hereby resigns as Registered Agent for	K&L Development, Inc.	
	(Name of Corporation)	 ,
P03000036476		
(Document Number, if known)		
A copy of this resignation was mailed	to the above listed corporation at its last known	own address.
this statement is filed.	ce discontinued on the 31st day after the date	on which
If signing on behalf of an entity:	Signature of Resigning Agent)	FILLED OFEB-I AHI LANGESSEE, FILL LAN
	(Typed or Printed Name)	II: I2
	(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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