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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: KIK) S CAPP INC, (Name of Corporation) POSUMENT NUMBER: PD 4 6 0 0 1 411956
DOCUMENT NUMBER: POYOO144956
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:
LORI KATZ (Name of Person)
(Name of Person) LURI (ATZ, NC. (Name of Firm/Company)
1514 FOURTH ST (Address)
1/EY WEST, FC 33040 (City/State and Zip Codé)
For further information concerning this matter, please call:
LON KATZ at (305) Z96- BZ69 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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, CARIDAD E. DRIVER (Name of Registered Agent)
hereby resigns as Registered Agent for 1016 'S CAPE, INCO (Name of Corporation)
0 400001 4 4 9 5 4 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
X Chrician
(Signature of Resigning Agent) If signing on behalf of an entity: Server Serv
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

Company of the Company of the Company

\$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withdrawn corporation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