(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
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(Do	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



600280686786

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Kadin Corporation (Name of Corporation) Fin: 93-1267694
DOCUMENT NUMBER:
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:
Kim Meadows (Name of Person)
(Name of Firm/Company)
4320 Peerwood Lake PKwy
Ste 101, PmB 447
Jackson Ville FL 32216 (City/State and Zip Code)
For further information concerning this matter, please call:
Kim Meadows at (904) 240-2825 (Name of Person) at (904) 240-2825 (Area Code & Daytime Telephone Number)
England is a shock made morphly to the Florida Department of State for \$97.50 for an active compare

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2016

KADIN CORPORATION 4320 DEERWOOD LAKE PKWY STE 101 PM B 447 JACKSONVILLE, FL 32216

SUBJECT: KADIN CORPORATION

Ref. Number: 600280686786

We have received your document for KADIN CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is two different corporation that have the 93-1267696. Which corporation are you wanting to move Kim Meadows off of?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 716A00001567



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, Kim Meadows (Name of Registered Agent)
hereby resigns as Registered Agent for Kadin Corporation (Name of Corporation)
FIN: 93-1267696
(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.
Kim Meadow (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name) (Typed or Printed Name) (Typed or Printed Name) (Typed or Printed Name)
(Capacity)
D: 52

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