Page	uestor's Name	59778	7 S
City/State/Z	Address Lip Phone #	9000028827 -05/21/99010 ****350.00 *	90026 .
-	•	Office Use Only	_
CORPORATION N	NAME(S) & DOCUMENT NUN	MBER(S), (if known):	
_	ration Name) (D	ocument #)	<u> </u>
2(Согро	ration Name) (D	ocument #)	<u>.</u> / T.
3. <u>(Corpo</u>	ration Name) (D	ocument #)	<u>.</u>
4(Corpo	ration Name) (D	ocument #)	. · =
☐ Walk in	Pick up time	Certified Copy	
Mail out	Will wait Photocopy		-
NEW FILINGS	AMENDMENTS		· ··
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Direct	etor	-
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal	59	1
Other	Merger		
OTHER FILINGS	REGISTRATION/	() () () () () () () () () ()	
Annual Report	QUALIFICATION (OF SEE	
Fictitious Name	Foreign	Sa S	
Name Reservation	Limited Partnership	35	
	Reinstatement	1	**
	Trademark		-
	Other		
			·

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

RESIGNATION OF REGISTERED AGENT

2/8/59

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, <u>Jomane Accounting Services Inc</u> (Name of registered agent)
hereby resigns as Registered Agent for K.K. Builders & Organizers Inc (P98000059778) (Name of corporation)
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.
(Signature of resigning agent) (Signature of resigning agent) (Signature of resigning agent) (Signature of resigning agent)
If signing on behalf of an entity:
Jomare Accounting Services Inc (Typed or Printed Name)
Vice President (Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

CR2E046(7/97)