2/2/2021

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000450013)))



H210000450013ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CARLTON FIELDS Account Number : 076077000355 Phone : (813)223-7000 Fax Number : (813)229-4133

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please:

Email Address:___

LLC REGISTERED AGENT RESIGNATION KCOF, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

H21000045001

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes	s, the undersigned,
CF REGISTERED AG	ENT, INC.	, hereby resigns as
	Name of Registered Agent	, nereby resigns as
Registered Agent for	KCOF, LLC	
	Name of Limited Liability Compa	iny ,
L04000084044		
Document :	Number, if known	
A copy of this resignat	tion was mailed to the above listed limite	d liability company at its last known address.
The agency is terminal	ted and the office discontinued on the 31st Signature of Resign	st day after the date on which this statement is filed.
If signing on behalf of	an entity/	
	JOYCE F. BENTUBO	
	Typed or Printed Nan.e	
	DIRECTOR/SECRETARY	
	Capacity	

FILING FEES:

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

INHS17 (2/14)

H21000045001