

LO5000001832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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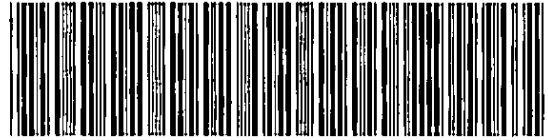
(Business Entity Name)

(Document Number)

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18 JAN - 8 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 10 2016

Y SULKER

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DANIEL R. CRAVEN, hereby resigns as  
Name of Registered Agent

Registered Agent for KITCHEN CONCEPTS LLC  
Name of Limited Liability Company

LO5000001832  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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

If signing on behalf of an entity:

DANIEL R. CRAVEN  
Typed or Printed Name  
MGRM  
Capacity

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LED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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withdrawn limited liability company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